

Presentations for Thursday - August 6, 2020:

Education for Children of CSWS: An Experience of Community-based Participatory Approach

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Abstract

Children of commercial sex workers (CSWs) are the worst victims of social discrimination, like their mothers, and suffer from inferiority complex and social alienation and lead a poor quality of life. As a result, children of CSWs are deprived of education as educational institutions need name of the biological father at the time of admission in the school. Finally, girl children come in the same profession while male children get engaged in some casual work. Hardly any effort was made to bring the same children into the mainstream of the society through education and meeting their basic needs.

Given the plight of the children of CSWs, a five-year action research was planned to rehabilitate a group of 30 children, selected on some criteria, and bring them within the mainstream of the society through community-based participatory approach. The steps which were adopted include (i) Identifying the community leaders through reference; (ii) Interacting with the community leaders for establishing rapport and explaining the objectives of the project; (iii) Sharing the rehabilitation plan with the mothers of the children; (iv) Interacting with the children for identification of their needs through focus group discussion; (v) Identifying local schools; (vi) Psychological assessment of mental health of the children and their cognitive abilities; (vii) Providing periodic/need-based counseling to children and their mothers, that is CSWs, to make them understand about the value of education and addressing other personal issues; (viii) Initiating the dialogue with the Principal/Headmaster of the school for admission of the children; (ix) Initiating dialogue with the public representatives/leaders of the locality; (x) Initiating activities for socialisation and enhancement of social acceptance; (xi) Arranging extra-curricular activities, games and sports as well as outings for the children; (xii) Providing financial support to all the 30 children for meeting their basic expenses; and (xiii) Process documentation and monitoring of the impact of the intervention program.

Findings disclosed that need-based support services in terms of social, psychological (counseling) and general needs were found to be very beneficial to bring positive changes in the behaviour, attitude and perception of life in most of the children of CSWs and their mothers. Four project staff played the role of legal guardians for admitting the children in neighbouring schools and educational guidance provided by the community youth volunteers helped them to clear their doubts. The local club premise provided by the community leaders for the children during evening hours was an opportunity for the children to study in the club premise while their mothers remained busy in their profession. Cooperation and support from community volunteers and public representatives played a very important role in the socialization process and helped the children to overcome inferiority complex and regain self-confidence. All the children, except four, were pursuing their studies successfully at the end of the project period. Few

opted for vocational education and were performing well. However, after five years of project period, sponsorship was extended to the children who were pursuing education successfully so that they can continue studies successfully and become self-reliant.

Keywords: Children; Education; Rehabilitation; Commercial Sex Worker; Community; Participatory Approach

Introduction

CSWs have been in India for a very long time and it is not a legal profession. In every city, this profession lures people from all walks of life to visit the CSWs. Women and girl children from very poor families, who become victims of false promises of marriage and get pregnant, mostly land up in this profession since their family do not agree to take them back, owing to social stigma. In some cases, the women or children who are trafficked to some other cities for sexual abuse and/or commercial sexual exploitation join the profession out of compulsion. Earlier, this profession was confined to particular areas known as red light zones. Over a period of time, the dynamics of this profession has changed. In addition to running this profession, especially by women who are rejected by the family members, women from lower middle class or even from middle class families and, even school/college students secretly work as CSWs to earn money, in order to meet their materialistic needs and sometimes, to take care of any financial crisis in the family. They wait at the bus terminus, railway stations, in front of cinema halls, and certain city hotels have their contact details, who connect them to the customers.

Background of CSWs

The background of CSWs differs from country to country and the reasons for entering into the profession vary. For example, in Thailand, commercial sex trade is a culturally accepted profession. One can come in the same profession, earn money and go back to the family. In Australia, the students who fail to secure scholarship for higher studies sell their body for huge sums to arrange tuition fee and then they quit the profession. Some women come in this profession to earn money to maintain their substance dependence behaviour. In India, it is mostly due to poverty, along with other reasons as mentioned earlier. Available evidence highlights that most of them in India are from the rural areas and they studied up to primary levels of education. Since low level of education does not help them to get a job, a good number of them decide to work as CSWs to support the family (Gadekar, 2015; Panda et al., 2015; Servin et al., 2015; Sahni & Shankar, 2011; Deb, 2008). Other factors, such as trafficking in the name of giving a job in the urban areas, sexual exploitation and/or abuse resulting pregnancy and false promise to marriage, may also lead to sex trade (Jayasree, 2004). They lack social support and lack of poor social network make them more vulnerable to trafficking. Every day, they entertain about 3 to 4 customers and earn about Rs.2000 to Rs.6000, as reported by a number of studies (Gadekar, 2015; Ragesh, 2015). So far as age is concerned, they mostly belong to the 15-18 age group. A good number of them are up to 30 to 35 years and married and have children (Gadekar, 2015; Sahni & Shankar, 2011; Ragesh, 2015).

Challenges Experienced by CSWs

CSWs experience numerous challenges and they vary from place to place. More precisely, challenges for CSWs from developing countries like India, Bangladesh, and Nepal are totally different from those coming from developed countries. Social discrimination is much more in the developing countries than their counterparts in the developed countries. The advent of HIV/AIDS caused a lot of challenges for the CSWs as most of the customers prefer to have sex without protection. CSWs who insist on protective measures often lose their customers. CSWs are mostly regarded as one of the prime transmitters of HIV in India (Deb, 2008).

They experience a range of other adversities related to health and other occupation related problems like gynaecological problems, complications with abortion, malnutrition and lack of antenatal care. Some even experience physical abuse, forced sex, fear of losing customers, and feeling of insecurity, especially the aged CSWs (Pardeshi & Bhattacharya, 2006; Gadekar, 2015; Willis, Welch, & Onda, 2016; Ragesh, 2015).

Findings from India, Bangladesh and Namibia reported physical abuse of street sex workers by police, general public and/or customers, in the form of threats with weapons or were forced to have unpaid sex (WHO, 2005; Ragesh, 2015). Mental health challenges are very common for CSWs as they do not lead the life of common people and lack social support. The common mental health challenges include anxiety, depression, suicidal ideation, and emotional breakdowns (Ragesh, 2015; Deb, 2008).

Like CSWs, their customers also experience social stigma and discrimination. As a result, all the customers prefer to visit them secretly and meet them in hotels which are away from their homes so that nobody can trace them (Benoit et al., 2018).

Ironically, people of the larger society use them secretly for their physical needs, but do not treat them like other citizens. CSWs are always at the mercy of the customers and experience humiliation during their interaction process with the customers, since they badly need money for their survival and for other essential purposes. Generally, social acceptance of this population is very low. When they go to any health centre, they experience neglect or discrimination. The moment one learns about their profession, which is prerequisite for procuring any official document, which include, ration card, voter card, health card, aadhar card even government officials look at them differently.

So far as living conditions are concerned, CSWs, who operate their business from red light areas, live in very small rooms without proper ventilation and other basic amenities. If any of them have a child, they live in the same room and when customers come, they ask the child to go out. Since there is no other option during their business hours, children of CSWs loiter on the street and in the process, most of the girl children are sexually abused while some deliver services to their mother's customers by bringing alcohol or cigarette and/or different forms of tobacco.

Population Density of CSWs in India

Estimation suggests that there are around three million CSWs in India and a large number of them are prostitutes who are less than 18 years of age (Sahni & Shankar, 2011). The survey of UN AIDS, carried out in 2016 indicates that the number of CSWs in India was reported to be 657,829. Although prostitution in private and is not a punishable offence in India, related works like running brothels, pimping and forced prostitution are considered to be illegal as per the Immoral Traffic Prevention Act, 1956 (Rajasekharan, 2014).

Children of CSWs

Information about the status of the children of CSWs is scanty worldwide (Willis, Hodgson, & Lovich, 2014; Beard et al., 2010). Very few studies reported the health status of the children of CSWs and their educational background. As per the Right to Education Act 2012, 25% seats should be reserved for socially disadvantaged children. However, it is very difficult to comment whether the aspiration of this act is fulfilled in reality. The issue requires an in-depth investigation of the ground reality and corrective measures should be taken accordingly. The children from disadvantaged families who attend school get mid-day meals. Since the majority of the children of the CSWs do not get admission in the school, they are denied from the same government facility. Normally, CSWs are used to feed the new born the food they have, which is not always nutritious and at times, it is also not good for their health (Pardeshi & Bhattacharya, 2006). One study from Mumbai reported that malnutrition is a common problem for the children of CSWs (Kakeri, Gokhale, & Waghmare, 2018).

So far as immunization is concerned, children of CSWs either get partial immunization or are completely denied immunization. As a result, they become vulnerable to various preventable health problems (Kakeri et al., 2018).

Most children born in the red light areas grow up without any support from others except the biological mother. Previous research carried out in Pune (India) demonstrated that a good number of CSWs became pregnant a number of times and went for medical termination of pregnancies (MTP). Initially they did not prefer to have a child out of the notion that it might affect their profession. Slowly, when they felt lonely, they wanted a child in their lives since they are totally disconnected from their own family (Pardeshi & Bhattacharya, 2006). Another study from Bangladesh observed a range of health problems like birth defects, illness, still birth and even neonatal deaths faced by the new born babies of CSWs and the causal factors behind such problems were the practice of their profession during pregnancy, malnutrition, alcohol and drug abuse, STIs and lack of breastfeeding (Willis et al., 2016).

Regarding the education of the children of CSWs, the issue of securing admission in a school is very complicated. Some of them do not have birth certificate as the mother did not try for the same from the Corporation Office. Also, for admission in schools, father's name is prerequisite. Most of the children do not have it. Normally, no customer is

willing to allow using their name for admission in the school. Some of the CSWs prefer to suppress their profession because of social stigma. Because of the said reasons, most of the children of CSWs remain out of the school. Even the children who are able to get admission in the school use the name of somebody else as father figure. In general, the children of CSWs experience lack of support facilities for studies. Some of them are unable to pay tuition fee to the schools and some experience discrimination in the school (Menon, 2010). Lack of space for study during evening hours, when the mother remains busy in running the profession, is demotivating for the children as they may not be able to complete the home work and respond in class when the teacher asks a question, resulting in humiliation before other children in the class. Finally, these children become school dropouts after a few years.

Mental Health of the Children of CSWs

Limited literature is available on the Mental Health of the Children of CSWs. Although some research was done in the developed countries, limited social science researchers took interest of this issue, perhaps due to a range of challenges for data collection. However, one secondary study from a developed country reported that a number of factors adversely affect the mental health of the children of CSWs (Beard et al., 2010) and these include separation from parents, sexual abuse, and early sexual debut, low school enrolment, witnessing the interaction between mothers and clients and social marginalization. Evidence also highlights that the male children eventually become criminals, drug abusers, develop suicidal ideation and/or some children commit suicide due to their real life situation (Willis et al., 2016; Villemain, 2015). Raids in the red light areas are very common which cause severe trauma to the children.

Despite several adversities, some children are lucky to have some support from the people of the larger society in the form of sponsorship for their educational expenses and some were even adopted and provided shelter, especially those who exhibited some good qualities or talent (Beard et al., 2010) which also made them happy and relaxed.

Upbringing of Children by CSWs

Life is so struggling that CSWs cannot pay much attention to quality upbringing of their children, which includes providing immunization to their children on time, health checkups for minor ailments, proper nutrition, education, safety as well as congenial living environments. Social support is also very poor for CSWs and their children as they are totally disconnected from their families and hardly any family member enquire about their welfare and well-being. Therefore, children of CSWs experience a range of adversities during childhood. Evidence concerning the rehabilitation of the children of CSWs is scanty.

Objective of Action Research Study

Given the plight of the children of CSWs, a five-year action research was planned to rehabilitate a group of 30 children of Ram Bagan Red Light Area, Kolkata, India,

selected on certain criteria, and bring them within the mainstream of the society through community-based participatory approach.

Methods

Research Design: Community-based participatory approach was followed for rehabilitating the children of CSWs.

Study Area: The study was carried out among children of CSWs of Ram Bagan red light area of South Kolkata, India.

Selection of Children of CSWs: The criteria which were followed for selection of the children for the present project are as follows:

- Children of CSWs below 20 years of age
- Interested in studies
- Residing in the Ram Bagan red light area for the last 10 years

Intervention

Any intervention program requires planning, keeping the real life situation in mind. For this project, project staff had several brainstorming exercise and accordingly, the following steps were taken up for effective implementation of the project:

Identification of Community Leaders Through Reference: Effort was made to identify the community leaders of Ram Bagan area with the help of personnel of another non-government organisation and a series of interactions with the community leaders was conducted for establishing rapport and for sharing the plan for the welfare of the children of CSWs. Community leaders living in the same area found it to be an interesting program for the rehabilitation of the children of CSWs and agreed to become a partner for implementation of the project and ensuring full cooperation.

Discussion with CSWs: Taking beneficiary mothers into confidence for success of the program was essential. A series of meetings were held with the CSWs about the program and its benefits. It took some time for some mothers to allow their children to become a part of the program while some instantly agreed to put their child in the same project as they wanted to see their child leading a better life. Initially, the thought was of shifting the children from the red light area to a residential institute for their safety and for providing a better environment and all the 30 children were shifted, based on mothers' consent. However, within a short period it was observed that some mothers were unable to accept the separation of their child as he/she is the only person in their life. Some mothers went to the residential schools and tried to take their child back. Considering the close emotional attachment of mothers with their child, after two months, children were shifted back to the Ram Bagan Area where their mothers were living and preferred to rehabilitate the children keeping them with the mothers.

Identification of the Needs of the Children: Four Focus Group Discussions were conducted with the children to assess their needs. The needs identified were as follows

- **General Needs:** Includes school uniform, casual dress for daily uses, school fees, educational materials like books, note books, pen, pencil, school bag, school shoes and so on.
- **Social Needs:** It includes social recognition, interaction with other children through games and sports and cultural activities,
- **Psychological Needs:** It includes mental health support facilities like individual and group counselling based on psychological assessment, periodic assessment of mental health in terms of resilience, motivation in studies, sense of well-being and so on.

Identification of Local Schools: Research team members made a list of the schools located in and around Ram Bagan Area and visited all the schools with a request to admit the children of CSWs under the intervention program. As desired by the school authorities, research team members agreed to act as legal guardians, which is prerequisite for admission for each child who were out of school. Research team members also ensured the authority of the schools about good conduct of the children and urged the school authority to pay special attention to these children so that they do not experience any discrimination. However, some school authorities denied admitting these children with a notion that they are coming from socially ostracized areas i.e., red light areas and their mothers work as CSWs. Admission of these children might tarnish the image of the school and in turn, the school may not get students in future.

Psychological Assessment of Mental Health of Children: Mental health assessment of all the children was carried out periodically with special reference to their cognitive abilities, resilience capacity, academic motivation, social support facilities and so on. Findings of the assessment were the basis for providing need-based inputs and counselling from time to time. It is relevant to mention here that all the 30 children were divided equally to four project staff so that individual attention could be paid to them and they help the children to remain mentally happy and healthy.

Periodic/Need-Based Counselling of Children and Their Mothers (CSWs): Both mothers and children were subjected to periodic counselling to discuss their issues and challenges. Individual counselling was extended when there was a person with a sensitive issue to discuss while group counselling was conducted for addressing common issues of both mothers and their children.

Dialogue with the Public Representative/Leaders of The Locality: In order to ensure social acceptance of the children of CSWs, effort was made to discuss the project with the public representative and they were invited in different social events as Chief Guests to distribute the prize among the children.

Socialisation Process: The efforts towards socialization process were made to familiarise the children with social expectation and social manners so that they can easily mingle with the children of the larger society.

Process Documentation and Monitoring of Impact of the Intervention Program:
From time to time, the entire process of project implementation was documented.

Learning Experience

The intervention program implemented through participatory approach was found to be very effective in rehabilitating the children of CSWs through education and socialization process. All the children, except four, were pursuing their studies successfully at the end of the project period. A few opted for vocational education and were performing well. Four project staff played the role of legal guardians for admitting some of the children in neighbouring schools. Findings disclosed that need-based support services in terms of social, psychological (counselling) and general needs were found to be very beneficial to bring positive changes in the behaviour, attitude and perception of life in most of the children of CSWs and their mothers.

Empowerment of local Youth Club Members and leaders to implement the project with the guidance of the project staff was observed to be a suitable approach to implement such a project in a Red Light Area as they accepted it as their own project. The local Youth Club premise provided by the community leaders for the children during evening hours was an opportunity for the children to study in the club premise while their mothers remained busy with their profession.

The community volunteers identified through the community leaders played a very important role in monitoring the movement of the children and providing them guidance for study during evening hours in the Youth Club Premise. They developed a time table in discussion with the children for the whole day and insisted all the children to follow the same. After returning from the school, children used to take little rest at home with mothers and then they came to the Youth Club Premise by 5.30 pm for study. Normally, CSWs start entertaining their clients after 6.00 to 6.30 pm and it continues up to midnight. However, mothers were sensitized to restrict timings of their profession up to 10.00 pm so that when children return from the Club premise, they can comfortably stay at home with their mothers. Educational guidance provided by the community youth volunteers helped the children to clear their doubts related to academic issues. In fact, cooperation and support from community volunteers and public representatives was instrumental in the socialization process and helped the children to overcome inferiority complex and regain their self-confidence. Orientation on socialisation process helped the children of CSWs to follow social behaviour in schools and become well-adjusted with peers while cultural as well as games and sports had given them a sense of social acceptance since the children from the larger society participated in the same.

Role of Community Leaders and Its Impact: Support from the community leaders was instrumental to overcome all hurdles in implementing the action research in the red light area. In reality, it is very challenging to implement any intervention program in red light areas because of non-cooperation, especially from the middle man who operates the commercial sex trade/business. Involvement of community leaders in the project had given confidence and courage to the CSWs to allow their children to join the project.

Community leaders also played a key role to reach to the public representative of the community and invite them to different events organised for the welfare of the children. Attending the prize giving ceremony of games and sports by the public representative was highly motivating for the project staff, community volunteers, CSWs and their children. It was a positive signal for the larger society towards social acceptance of the children and their mothers.

Role of Mothers and Its Impact: Initially, mothers were apprehensive to putting their children in the intervention program. However, several rounds of discussion with the mothers by the project staff with the help of community leaders could give them confidence that it would be good for the future of the children if they join the project. Looking at their disciplined lifestyle after joining the project and their interest in studies gave confidence to mothers and they were found to be relieved from anxiety and were relaxed. Thereafter, CSWs were very cooperative with the project staff and changed their own lifestyles also for the welfare of the children, that is getting up early in the morning to prepare the children for school, enquiring about the education after return of their child from the school, insisting children to go to the Youth Club Premise during the evening hours for study and restricting the timings of their own profession so that children do not feel embarrassed. The mother's caring gesture towards children was very inspiring and motivating for the children in their studies and a sense of happiness on the faces of the children was clearly visible.

Children Response in the Intervention Program: Appropriate initiative for addressing the three broad needs of the children as emerged from the discussion with the children and mothers was found to be facilitating in helping children to get admitted in the local schools, continue their education and join in different group activities like games and sports, outings and cultural programs. For example, as far as general needs are concerned, children were given school uniform, school shoe, books and other study related materials, tuition fee for the school and informal dress for daily uses. These support facilities were highly motivating for the children. All the children were sponsored by Save the Children (UK), India. Moreover, after five years of project, sponsorship was extended to the children who were pursuing education successfully so that they can continue it and become self-reliant.

Regarding the psychological needs, in addition to periodic mental health assessment, children were subjected to group counselling for discussions about general issues while individual counselling was extended for addressing the personal and sensitive issues. Periodic mental health assessment helped to track the status of mental health of the children in an interval gap of six months, to understand the impact of different inputs provided to the children and it also provided them necessary mental health support as per their needs.

For social needs, a range of activities were taken up and they include basic inputs on socialization process, socially accepted group behaviour, organising games and sports, cultural programs, outings for the children and so on. In games and sports and cultural activities, children from the neighbouring communities were invited which removed the

feeling of social isolation and gave a sense of belongingness to the children of CSWs and their mothers. The performance of the children of CSWs was remarkable as they could showcase their talents in reality and received prizes from the Public Representative and other community leaders.

Views of Some Children about the Program: It is clear from the views of some of the children of the intervention program about impact of such an innovative project. The children who were pursuing their education smoothly shared their views while four children who had discontinued, blamed the reality for the discontinuation. It meant that their resilience capacity was low. According to some of the children,

*“Sponsorship helped us to get admitted in the local school and continue education”
– a male child*

“Now we are safe since we go to the study centre during evening hours” – a female child

“Support from community volunteers was very helpful for study” – a male child

“Counsellors (project Staff) were very supportive” – a female child

“Outings was very enjoyable and refreshing for all of us” – a male child

Impact of Counselling of Children and Their Mothers: Counselling had very positive effects on the mental health of the children as well as on their mothers. Children could discuss their general issues in a group counselling session which helped them to clarify their queries while individual counselling helped to discuss personal issues like problems faced with their mothers’ clients. These include, trying to touch their private parts, asking them for bringing alcohol from outside, physical health problem (gynaecological) of mothers, indirect pressure from mothers to entertain the clients since she was not able to serve the clients as per their desires and so on. After personal discussion with the project staff, who also acted as the Counsellor, the child felt relieved and fresh.

At the same time, group counselling enhanced a sense of belongingness and unity among the children. Group counselling with mothers could bring happiness among them since they understood the benefit of the intervention program for a better future of their children and in turn, the mothers restricted their business hours so that children do not feel embarrassed. Mothers’ cooperation facilitated the overall rehabilitation process of the children.

Impact of Education

Out of 30 children, 26 were pursuing education successfully (24 formal education while two vocational education) at the end of the five year intervention project. Four children discontinued education despite all efforts because of real life situations. Performance of some of the children in the first Board Examination was very satisfactory. Two children who were pursuing vocational education were also performing well. Following three cases are clear examples of positive impact of the intervention project while the third case study talks about helpless and/or the real life situation of an adolescent girl and its consequences.

Positive Case Studies

- **Case 1:** Rina, aged 18, female, an only child, was born and brought up in the Ram Bagan Red Light Area of Kolkata. She was well mannered and a good looking girl. She showed interest in studies and was punctual in attending the school. Every day she used to come to the Youth Club Premise for studying during evening hours and clarified her queries with the teacher. She passed the first board examination (i.e., Secondary Examination, Grade X final exam) with First Class and subsequently Higher Secondary Examination (i.e., Grade XII final exam) with good results. After passing Grade XII exam, she got admitted in the Nursing Course. Her ambition was to become a nurse so that she can serve many people. She also stated that after getting a job, she will ask her mother to quit the profession and will shift to another residential area for better living.
- **Case 2:** Anil, aged 18, male child, was living with his mother in the Ram Bagan Area. He was an obedient boy and was interested in studies. He did not indulge in any undesirable activities under peer influence. After passing the Higher Secondary Examination (i.e., Grade XII final exam.), he took admission in a Drama Course in Rabindrabharati University. After seeing his performance, a Professor of the same course adopted him and provided him special guidance. After the completion of his Drama Course, he was writing scripts and directing different drama programs and has become self-reliant. Of late, he got married to Rina and had a child and both of them are living happily. Rina has taken her mother with her.

A Failure (Negative) Case Study

- **Case 3:** Rani, 15 years, female, elder daughter out of three siblings, was living with her mother and grandmother in Ram Bagan, Kolkata. Both mother and grandmother were in the same profession. A five member family was dependent upon the income of Rani's mother. The mother became sick and was unable to entertain any clients, resulting in severe financial crisis as there was no support from any other source. Looking at their vulnerability of the child, Rani was inducted in the project and admitted to a local school. However, she was not regular in attending the school and the evening study centre. When project volunteers visited her house to know the reasons for her absence, it was learnt that she has been shifted to Mumbai for a job. However, after six months, she returned back to Ram Bagan from Mumbai with HIV positive.

Positive Development

Of late, some NGOs have come forward to support the children of CSWs for education in addition to providing them safe shelter (Dutt, Roopesh, & Janardana, 2017; Rajan, 2014). The role of some of the government schools in India is also appreciable as they have started admitting the children of CSWs and encouraging the mothers to attend the parent-teacher meetings.

Conclusion

In a nutshell, the intervention program was highly successful in achieving its long term objective i.e., rehabilitating the children of CSWs through community-based participatory approach. The action research project did not only change the life of the 26 children of CSWs, it also changed the outlook of the mothers about life and a sense of happiness and hope for a better tomorrow was perceived on their face. Further, the social acceptance of this group of population was remarkable. This project got attention of the local community and larger community since it had emphasized on rehabilitation of the children of CSWs, keeping them with their mothers in the same community through education. Education is found to be a very powerful weapon to change the life of disadvantaged children and in turn, they can support the mother and help them to lead a decent life. Support facilities by the community volunteers and community leaders were remarkable in implementing the project systematically and gaining the confidence of the CSWs and their children. Although the project period was brought to an end, the project is continuing and giving sponsorship to all the children until they become self-reliant. For the success of the project, continuous persuasion by project staff, empowerment of community leaders in implementing the project and close monitoring of the progress of studies of the children, feedback mechanism, active community involvement, and mothers' support played very important roles. Finally, it is observed that minimal support and encouragement to disadvantaged children, social recognition and community participation can bring miraculous changes in the life of these children and help them to overcome inferiority complex and get confidence in moving ahead in life despite all adversities.

Recommendations

Based on the first-hand experience of the project, the following issues are recommended for the welfare of the disadvantaged children:

- More and more NGOs should come forward to address the issues and concerns of the disadvantaged children, especially the children of CSWs, and adopt the similar model for their rehabilitation through education.
- Efforts should be made to give skill-based education to these children, especially for those who are not interested in formal education. Skill-based education would help to get immediate employment.
- Safety of the children of CSWs should be ensured through community support system with the help of community volunteers and leaders.
- Efforts should be made to arrange alternate professions for mothers as a good number of them are unable to run the profession after a certain age and/or because of various health problems.
- There is a need to carry out more research on different categories of disadvantaged children since their life challenges are totally different.
- Larger society should come forward and adopt the children of CSWs with a condition to allow all the children to remain connected to their mothers.

- In the latest National Youth Policy, 2020, Ministry of Youth Affairs and Sports, Government of India, it is recommended to include the issue of overall welfare of the children of CSWs.

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**Parents' educational involvement and educational goals:
In the eyes of the beholder
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There is broad agreement that family and school are the most significant social institutions and factors affecting children's development. The present manuscript focuses on the relations between parents and teachers as reflected in parents' and teachers' rating of educational goals. Research on parents' educational involvement is based primarily on reports from a single source: the parent, the child, or the teacher. This study is based on the voices of teachers and parents.

The study examined kindergarten teachers' and parents' priorities regarding eight early childhood education goals, set by the Israeli Ministry of Education. Participants were 209 parents and 182 k teachers. Results indicated identical priorities in the goals that parents and k teachers attributed to themselves. Priorities differed, however, when attributed to the other (parents' attributions to k teachers and k teachers' attributions to parents).

Conclusions: results showed that although parents and k teachers had similar goal preferences, they were unaware of the agreement between them. These findings highlight the need for improving the communication between parents and teachers. Moreover, School Based Family Counseling practitioners should be aware of the different voices and consider the different perspective and unique viewpoint of each partner in the session: teachers and parents.

Keywords: Communication, Educational goals, Teachers' parents' perceptions

Introduction

Positive correlation between parental involvement and students' wellbeing and achievement has been found from early childhood to elementary school (Ma, Shen, Krenn, Hu, & Yuan, 2016), junior high school (Kaplan Toren 2013; Kaplan Toren & Seginer, 2015), and high school (Wang & Sheikh-Khalil, 2014). Parental involvement consists of two dimensions: *home-based activities*, such as discussions with the child, emotional support and nurturing motivation, monitoring the child's progress, helping with homework, and providing extracurricular enriching activities; and *school-based activities*, such as volunteering at school or participating in scheduled conferences. Overall, the family environment has a significant effect on the student's life, but parents are not alone in child-rearing process; their immediate partners are teachers and the education system. Therefore, student engagement in learning is shaped primarily by parents through the "home environment", and parental involvement is an alterable variable that can be

influenced by school and teacher practice and classroom claimant (Coleman, 1998; Patel & Stevens, 2010; Kaplan Toren & Seginer, 2015). However, teachers and parents rarely find themselves in conflict with one another. The reason for such conflict is that, while the family focuses on the child as an individual, the school focuses on the child as a member of a group. The present study seek to answer three questions: what the parents' and teachers' education goals are? whether parents and teachers have similar perceptions regarding to educational goals? and what do teachers' and parents' belief the other partner (parents or teachers) education goals are?

Given that the environments in which students grow up are likely to have a strong influence on the development of their beliefs and behaviors, there is a need to investigate the diverse points of view of teachers and parents, and to capture their voices. Studies have shown that perceptions held by parents, teachers, and students concerning students' academic abilities affect parents' involvement and teachers' facilitation of school programs encouraging involvement (Patel & Stevens, 2010). The degree to which parents, teachers, and students believe to be responsible for learning and academic achievement affects students' behavior and motivation, and it is therefore an important component of the students' success (Peterson, Rubie-Davies, Elley-Brown, Widdowson, Dixon & Irving, 2011). There is reason to believe that teachers and parents have different perceptions of parental involvement in school. Whereas parents perceived themselves as those who initiate contact with the school, teachers perceive parents as more passive (Kaplan Toren & Kumar, 2020). Regarding the responsibility for students' educational and social academic aspects, teachers and parents agree that parents are responsible for addressing the children's special needs and making sure that they arrive at school on time and with the required equipment. But teachers believe that they are responsible for reporting on the students' educational and social aspects and share responsibility with parents only with regard to the child's emotional aspects (Addi-Raccah & Greenstein, 2016). Among middle-school parents and teachers, the differences between parents and teachers are not sharply delineated. Researchers found agreement regarding the importance of monitoring the children's academic performance and of constructive teacher-parent communication but found disagreement on the role of discipline and the use of extracurricular programs (Barge & Loges, 2003).

In early education, it cannot be assumed that k teachers and parents universally share common perceptions of educational goals. Two studies in early education in Australia reflect k teachers' and parents' dissatisfaction with teacher-parents relations and early childhood environment. K-teachers pointed out the lack of reciprocity in teacher-parents relations, lack of communication, uncertainty regarding pedagogic expectations, and parental hostility (Mahamood, 2013). By contrast, parents perceived kindergarten services as unresponsive to their unique needs and unavailable for their children (Harris & Tinning, 2012). The differences between k teachers' and parents' perceptions are reflected in their different attitudes toward educational goals. K teachers tend to ascribe

more importance to promoting the children's social skills, physical health, and general wellbeing than their knowledge and academic skills (Lin, Lawrence & Gorrell, 2003; Sverdlov & Aram 2016). Parents, however, tend to rate the importance of general knowledge and social behavior higher than do teachers (Grace & Brandt, 2006; Hatcher, Nuner & Paulsel, 2012).

A possible explanation for these differences is that in Western countries, the approach to teacher training is guided by neoliberal values, which promote child-centered, natural learning processes and socioemotional empowerment. By contrast, parents wish to give their children an opportunity to succeed in school, and therefore they have strong ambition to prepare their children for school (Parker & Neuharth-Pritchett, 2006).

Hypotheses

The following hypotheses formulated concerning the similarities and differences between k teachers' and parents' perceptions regarding educational goals.

Hypothesis 1. K teachers value children's social skills more than parents do.

Hypothesis 2. Parents value the fostering of children's academic skills more than k teachers do.

Hypothesis 3. K teachers' and parents' rating of the other's educational goals differ from their own ratings.

Method

PARTICIPANTS AND PROCEDURE

Snowball sampling technique was used to collect data by online self-report questionnaires that were sent to a sample of teachers and parents. 209 parents (90% mothers) of children who attended kindergarten participated in the study. Family size: 11% of the parents had one child, 39% had two children, 39% had three children, and 11% had four children. Family status: 84% of the parents were married and 2.2% divorce. Parents education: 22% of the parents graduated from high school, 46% held a bachelor's degree, 22.6% a master's degree, and 9.4% doctoral degrees. Residence: 56% of the parents lived in the city, 31.4% in rural villages, and 12.4% in a kibbutz. Most of the parents (88.3%) were born in Israel, 7.9% immigrated from the former Soviet Union, and the rest immigrated from South America and Europe.

A 182 female k teachers participated in the study. Their level of education varied: 44.7% were in their first or second year of study for a masters in education degree, 44.2% held a bachelor's of education degree, and 11.1% held teacher training college certification. The teachers' age ranged from 25 to 61 years (mean = 41 SD 9.3); Most of the teachers were born in Israel 74%, and 26% immigrated between 1965 and 2002. The teachers' years of experience ranged from 1 to 36 years (mean = 15.6 SD 9.04); Residence: 57% of teachers lived in the city, 35.4% in rural villages, and 7.5% in a kibbutz.

Instrument

Teachers' rating of the goals of kindergarten questionnaire (Sverdlov & Aram, 2016).

Based on documents published by the Israeli Ministry of Education as the early education core curriculum (Ministry of Education, Sport and Culture, 2006, 2007, 2008). Teachers and parents were presented with eight goals: (a) fostering physical development; (b) developing general cognitive skills; (c) developing social communication skills; (d) imparting legacy and tradition, (e) promoting literacy and mathematics skills; (f) fostering positive self-esteem; (g) developing curiosity and (h) developing learning habits.

Teachers and parents were asked to rate the eight goals three times: first they rated the importance of the eight goals from their point of view on a 5-point Likert-type scale ranging from 1 = not important at all to 5 = very important. Next, teachers and parents were asked to rate the *three most important goals*, once from their own perspective and once from the perspective of the other (the parents' perception of the teachers' perspective and *vice versa*).

Results

Overall, mean scores and standard deviations (Table 1) showed that k teachers and parents attributed a high level of importance to all eight goals, ranging from important (4) to very important (5). A Mann-Whitney test for teachers' and parents' rating of the eight goals showed two significant differences. Teachers scored higher on goal (f) "Fostering positive self-esteem," and parents scored higher on goal (h) "Developing learning habits" (Table 1). Both teachers and parents scored lower on goal (d) Imparting legacy and tradition.

Table 1. *Means, standard deviations, medians, and Z-test results for teachers' and parents' goals ratings.*

Goals	Teachers' perceptions (n=182)		Parents' perceptions (n=209)		Z
	Mean (SD)	Median	Mean (SD)	Median	
(a) Fostering physical development	4.55 (.70)	5.00	4.42 (.76)	5.00	-1.71
(b) Developing general cognitive skills	4.40 (.77)	5.00	4.44 (.73)	5.00	-.62
(c) Developing social communication skills	4.82 (.51)	5.00	4.75 (.54)	5.00	-1.54
(d) Imparting legacy and tradition	4.19 (.79)	4.00	4.10 (.93)	4.00	-.56

(e) Promoting literacy and mathematics skills	4.23 (.79)	4.00	4.14 (.86)	4.00	-.63
(f) Fostering positive self-esteem	4.88 (.45)	5.00	4.81 (.47)	5.00	-2.27*
(g) Developing curiosity	4.83 (.51)	5.00	4.77 (.53)	5.00	-1.51
(h) Developing learning habits	4.64 (.68)	5.00	4.48 (.72)	5.00	-2.50*

* $p < .05$

The third hypothesis focused on teachers' and parents' rating their three most important goals. Results indicated identical priorities for goals that parents and k teacher attributed to themselves: Fostering positive self-esteem was perceived by teachers and parents as the most important goal, followed by developing curiosity and social communication skills.

An innovative aspect of the present study was the analysis of k teachers' perceptions of parents' rating of educational goals, and *vice versa*. Teachers and parents attributed to the other two identical goals: fostering positive self-esteem and developing social communication skills. In addition, teachers attributed to parents the goal of promoting literacy and mathematics skills, and parents attributed to teachers the goal of developing learning habits (Table 2).

Table 2. The sum of teachers' and parents' ratings of the three most important goals (in percentages) for themselves and for the other.

Goals	Teachers' rating (n=182)		Parents' rating (n=209)	
	For themselves	For parents	For themselves	For teachers
(a) Fostering physical development	21%	14%	25%	30%
(b) Developing general cognitive skills	11%	33%	14%	37%
(c) Developing social communication skills	69%	48%	66%	64%
(d) Imparting legacy and	8%	19%	14%	36%

tradition				
(e) Promoting literacy and mathematics skills	11%	58%	8%	26%
(f) Fostering positive self-esteem	86%	54%	78%	57%
(g) Developing curiosity	74%	22%	50%	41%
(h) Developing learning habits	33%	42%	29%	50%

In sum, as expected teachers scored higher on social competence goal (Fostering positive self-esteem) and parents scored higher on academic skills goal (Developing learning habits). However, K teachers and parents rated the same three educational goals as being most important, but they attributed different goals to the other. Both parents and teachers attributed to the other a goal of acquiring knowledge and developing academic skills.

Discussion

Findings of this study shed light on the similarities and differences between the perceptions of k teachers and parents. Although previous studies have found differences between k teachers and parents in ranking educational goals, in the present study, k teachers and parents tended to rate similarly the importance of promoting socioemotional abilities, but they were not aware of the agreement between them.

Examination of these findings suggests the need for a school-based family counselor (SBFC) (a) to clarify and improve the mechanisms of direct and indirect teacher-parent communication, and (b) to be aware of diverse perceptions and their effect on students' behaviors and success.

Teacher-parent communication as a core practice

According to the theory of overlapping spheres of influences, students learn more when parents and teachers recognize their shared goal and responsibility for student learning and work together (Epstein, 1995; Epstein & Van Voorhis, 2010). For example, when educators communicated effectively with families and involved them in activities focused on the students' behaviors, schools reported fewer disciplinary actions (Epstein & Van Voorhis, 2010).

Therefore, one of the main goals of the SBFC should be to focus on strengthening teacher-parent partnerships by improving their communication skills. With this goal in their mind, SBFC should develop and implement positive and productive teacher-parent interactions and provide guidance for cultivating communication channels. Talking to parents is an important task that teachers do daily but, it is also a challenging encounter

(Lawrence-Lightfoot, 2004; Walker & Dotger, 2012). For example, some parents do not speak or read the local language, and not all families can attend school meetings. Moreover, teacher-parent meetings are perceived as being shaped by differences between participants' emotional involvement. Teachers and parents know the child from different perspectives and over differing periods (Major, Seabra-Santos & Martin, 2015). Teachers and parents play different roles in and out of the school system, therefore they differ in their responsibilities for supporting the child (Katz, 1984; Keyes, 2004).

In the present study, k teachers and parents agreed on the importance of kindergarten educational goals, but they were not aware of this agreement. To develop awareness of the other's perceptions, teachers and parents need to communicate.

Researchers identify three facets of teachers' parents' communication competence: creating a positive interpersonal relationship, solving problems in conversation, and structuring the conversation. A recent study of 677 German mathematics teachers indicated that according to the teachers' report, only 24% showed a high level of communication competence with parents, and 24% exhibited a focus on problem solving in communication with parents (Gartmeier, Gebhardt & Dotger, 2016). In early education, k teachers' and parents' overall relationship and communication take place during daily contact in the morning and afternoon, when parents drop off and pick up their children. In a qualitative study in Norway that looked at parents' and caregivers' perspectives of their partnership, most parents and caregivers were satisfied with their overall partnerships but suggested that it would be better if the routines of daily communication improved (Britt Drugli, & Mari Undheim, 2012). Considering this finding, the development of effective communication skills requires structured processes and opportunities for practice (Kaplan Toren & Buchholz Holland, 2019).

In sum, teacher-parent communication is a core practice within family-school partnerships. SBFCs can support teacher-parent communication in different ways. For example, SBFC can create opportunities for teachers to share and reflect on their parent-related experiences.

Listen to diverse voices

The findings of the present study stress the importance of both k teachers' and parents' perceptions in achieving a comprehensive picture of teachers' and parents' attribution regarding to kindergarten educational goals. Parents and k teachers are the most important informants concerning young children' cognitive, social-emotional, and behavior assessment. The literature suggests several reasons for disagreements between teachers and parents. For example, teachers and parents play different roles in the child's life. Moreover, there is greater agreement between parents and teachers on externalizing problem behaviors of the children than on internalizing ones, mainly because externalizing problem behaviors are more visible and easier to observe than internalizing ones (Winsler & Wallace, 2002).

Therefore, SBFCs should expect some level of disagreement between teachers and parents as well as agreement. To gain a broader understanding of the child's development and behaviors and of teacher-parent relationship characteristics, in the course of counseling, SBFCs should consider the different perspectives and take into account the unique viewpoint of each partner: teachers and parents.

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KEYWORDS

4-8 keywords to enhance online search result

Key Words:

Depression in schools; School-based mental health; Suicide prevention; Well-being promotion; Depression prevention in schools

KEY POINTS

3 to 5 bullet points of approximately 25 words each that summarize the main ideas of your article. Key points appear at the very beginning of your article in print and online.

1. School settings are where youth spend a significant amount of their waking hours and are ideal places for intervening when a depressive disorder is present.
2. Depressive disorders have a high incidence in the school population (about 30% of youth report felt sad or hopeless for at least 2 weeks in a row in 2016)⁴. This can affect learning, social interactions, and classroom engagement.
3. Educators can be the ‘eyes and ears’ and serve as expert consultants for the clinician., who can in turn be the ‘expert consultant’ to help educators engage effectively with all students, especially those affected by depression⁴.
4. With suicide rates rising worldwide, it is even more important to promote universal education about stress, distress, and depressive disorders, and to engage with educators⁴.
5. Depressive symptoms usually manifest across home, social, and educational settings, and the range of interventions is often much broader in schools, where staff and school clinicians can help to implement instructional and behavioral strategies⁴.
6. Depression prevention programs and interventions that cultivate student and teacher wellbeing in culturally adapted ways are part of emerging best practices in the school-based literature.

SYNOPSIS

In this chapter, the authors make a compelling case that all clinicians who treat youth with depressive disorders should embrace strategies to engage with school staff in order to best help their patients thrive in the classroom. Because these disorders have a high incidence in the school population (13% of US teens experienced at least 1 major depressive episode in 2016⁴⁰), this can affect learning, social interactions, and classroom engagement. Several approaches are highlighted for assessment of depressive symptoms, intervention and treatment in school settings and prevention strategies, including depression education curricula and programs that promote subjective well-being, such as positive psychology and mindfulness programs for culturally diverse youth.

INTRODUCTION:

For child and adolescent psychiatrists caring for youth with depressive disorders, educational settings are crucial environments to understand, and where possible, to actively engage. Teachers and other school staff can be key partners to help both clinicians and parents comprehend the social, educational and cultural context where depressive symptoms may be present. A number of interventions have been developed to help affected youth gain better access to the school curriculum, in spite of their depressive symptoms. Furthermore, prevention programs that focus on wellbeing promotion have shown promise in improving subjective well-being among youth^{1,2}. As clinicians strive to understand the ecological and contextual factors in a student's life, careful attention should be paid to the *supporting alliance* among parents, teachers and clinicians³, such that members of each of these groups can be resources for one another to best support youth affected by all mood conditions⁴. The supporting alliance is a concept that is based on the therapeutic alliance concept in mental health, and applies to relationships among trusted adults in a young person's life. As mainstreaming in public schools has become more common, teachers are engaging with an ever-diversifying set of students. This requires that partnerships with parents, therapists and other important adult figures be enhanced. If these relationships are strong and communication is easy and regular, teacher attrition and burnout can be prevented³.

Affected students are entitled to a number of educational interventions through both formal (legal) and informal mechanisms. Unfortunately, youth with depressive disorders are at high risk for school problems, including poor attendance, underachievement, and dropping out. When in the midst of a depressive episode, these students can find it especially hard to pay attention, think clearly, solve problems, recall information or engage in group learning activities, let alone follow classroom rules.^{4,5}

Previous work⁶ has highlighted how depressive disorders can cause at least three types of problems for youth in school settings: those caused by the core symptoms themselves (e.g., difficulty concentrating), those caused by secondary factors (e.g., peer issues), and those associated with the treatment itself (eg. medication side effects or missed school with attending appointments). Youth with any mood condition may struggle with learning issues, and educators should strive to be aware of the additional layers of impaired concentration, reduced motivation, and emotional upheavals that mood conditions can create^{4,6}.

Table 1 lists common issues seen in the classroom due to core symptoms of mood disorders. Table 2 lists secondary factors that can contribute to problems in the classroom, and

Table 3 lists problems associated with treatment.

Table 1: Common problems caused by the core symptoms of a depressive disorder

Mood changes	<ul style="list-style-type: none">• Extremes in mood (sad, angry, anxious) can be especially difficult to manage in school and can severely disrupt the learning process and experience of affected youth.
Loss of interest	<ul style="list-style-type: none">• May result in a lack of engagement

	<p>in school activities</p> <ul style="list-style-type: none"> • Negative cycle may ensue: not completing work leads to lower grades, which can lead to lower self-worth, loss of motivation, and withdrawal / absenteeism—leading the student to fall behind and feel so overwhelmed they can't take the first step toward re-engagement
Fatigue	<ul style="list-style-type: none"> • Sadness or sleep difficulties during depressive episodes can lead to fatigue and decreased school engagement
Concentration difficulties	<ul style="list-style-type: none"> • Especially frustrating for youth who would otherwise excel academically • Inability to focus and think clearly may be due to their depression or to a medication side effect
Agitation or tuning out	<ul style="list-style-type: none"> • Can be associated with a constant feeling of having to move (pacing, tapping fingers or feet, restless legs) and be disruptive to peers; -Tuning out can make a student feel as if they are going “in slow motion”

Source: Fristad and Goldberg Arnold, 2004; Joshi and Jassim, 2019

Table 2: Problems caused by secondary factors

Peer problems	<ul style="list-style-type: none"> • Among the most devastating and long lasting to youth in school settings • Associated with social isolation and withdrawal • As peer networks are ever-changing and sometimes fragile, turning down invitations for play dates or hanging out can result in no further invitations from a specific peer • Lost opportunities to play are also lost opportunities to learn and build social skills -Affected students may fall further behind socially, and be included less often by peer groups
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	<ul style="list-style-type: none"> • Helping students to make social contacts with healthy and resilient peers with similar interests can help enhance mental health and build community
Other secondary problems	<ul style="list-style-type: none"> • Social isolation due to depressive disorders has downstream effects, eg. If a student spends the morning worrying about who to play with at recess, they will not be focused on the teacher's lessons • Another child might act up just to avoid stressful times of day (eg. being sent to the office or detention may seem easier than facing one's social fears) • School staff, parents and clinicians need to be creative in efforts to understand problems like these in order to address them properly

Source: Fristad and Goldberg Arnold, 2004; Joshi and Jassim, 2019

Table 3: Problems caused by treatment

Medication side effects	<ul style="list-style-type: none"> • Range from nuisances to significant challenges • Side effects may be embarrassing (e.g. falling asleep due to sedative effects) or uncomfortable (feeling thirsty, having dry mouth, or being dizzy and nauseous) • Medication titrations can be associated with headaches or drowsiness, further interfering with schoolwork
Other problems associated with treatment	<ul style="list-style-type: none"> • Once-daily dosing is ideal, but not always possible • School administered medications may present challenges (school nurse availability, stigma regarding the need to leave class for medicine, logistical challenges (must obtain an "extra medication bottle" for school)) • Missing school activities for

	therapy/other appointments can cause a student who is already struggling to have even more problems
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Source: Fristad and Goldberg Arnold, 2004; Joshi and Jassim, 2019

Several online, social media, and book resources are available for both adults and peers who care for these youth, as well as for the affected youth themselves, and these will be listed at the end of this chapter for further reference.

Assessment in school settings

Assessment:

Identifying children at risk and diagnosing depression in the school setting can provide unique challenges. For school age children, irritability or loss of interest can be the first signs of a depressive disorder. For teens, sad mood, sleep issues, weight changes, and thinking problems may be the predominant presenting symptoms^{7,8}. For those who might appear quieter or withdrawn, these symptoms do not typically lead to disruptive behavior, and so they may be missed⁷. Furthermore, students may feel isolated or stigmatized, making it harder for them to ask for help.

Given the difficulty in identifying students who are struggling, routine screening can be an effective and helpful tool⁹. Although there may be concerns about the feasibility of screening every student, studies utilizing school nurses show general acceptability of this practice^{10,11}. A key consideration prior to screening is ensuring an adequate referral system exists for those found to need further assessment. Many screening tests are available and have been shown effective; ease of use and availability will likely determine widespread utilization (Table 4).

Table 4: Screening instruments useful for assessing youth depression symptoms

Instrument	Description	Advantages
Quick inventory of depressive symptoms self-report (QIDS-SR)	16-item scale; self-report	Suitable for use in adolescents. Reliable in identifying symptoms of depression ¹²
Patient Health Questionnaire (PHQ-9M)	9-item scale; self-report modified for adolescents	Good validity as a screener over the QIDS but may not have the same level or validity in tracking depressive symptoms ¹³

Patient Health Questionnaire (PHQ-2)	2-item scale adapted from PHQ-9	Brief. Has sensitivity of 96% and specificity of 82% for detecting those who meet criteria for probable depression on PHQ-9 ¹⁴
Center for Epidemiologic Studies- Depression (CES-D)	20-item scale self-report	Widely used, suitable for adolescents; high internal consistency ¹⁵ . However, not as effective in studying well-being ¹⁶
(Beck Depression Inventory for Youth) BDI-Y	20-item scale rating scale	High internal consistency; validity and reliability have been established for depression ¹⁷
Kessler-10 and Kessler- 6	10-item scale of psychological distress with a 6-item scale embedded	Good precision for assessing psychological distress; can differentiate anxiety from depression ¹⁸

Once a student has been identified as having symptoms of depression, assessment by a mental health professional is essential to more fully evaluate and appropriately refer or treat the student. Despite its wide use, unstructured diagnostic interviews do not always correlate to standardized interviews¹⁹. Therefore, the gold standard for post-screening assessment would be a semi-structured interview in conjunction with a broadband scale and caregiver interviews ¹⁷. Although time intensive, this is the ideal way to elicit information about the student's symptoms, psychosocial environment and subjective history. Trauma-informed assessments will ensure that post traumatic stress disorder (PTSD) symptoms masking as depression will not be missed.²⁰

Classroom Interventions:

Classroom interventions by mental health professionals are not done individually, but rather should incorporate the school staff and utilize an already fostered relationship. As consultants, mental health professionals should follow the 3R's of school consultation as outlined by Bostic and Rauch ²¹. Firstly, one must pay close attention to the relationships that need to be built. For consultation to be effective, a trusting partnership must be fostered between the larger social system in a student's life including, parents,

therapists, school staff³. Secondly, recognition of the human motivation, specifically the motives and concerns which may hinder promotion of depression awareness in schools is imperative. In order to make an intervention, it is important for a mental health provider to use their understanding of staff motivation to collaborate and align with multiple professionals who have different but potentially overlapping goals²². And lastly, a consultant should support the staff in generating responses to difficult events or situations. Providing staff with new skills to support and teach affected students, finding common goals to unite students, parents and staff, and helping to identify a path to achieve these goals are necessary to empower those within the school to feel comfortable with these interventions⁴. Additionally, mental health professionals can be an important resource in helping parents advocate for their child to get the school accommodations they need through an appropriate individualized education plan (IEP), 504 plan, or other classroom interventions. In order to develop this relationship, it is essential to spend individual time with the parents as part of the consultation to address any concerns they may have.⁴

Treatment in school settings

A systematic review of depression prevention and treatment programs²³ found support for prevention and early intervention programs in schools, most of which are based on cognitive behavioral therapy (CBT). Indicated approaches appear to produce the strongest results, with universal and selective trials also having positive effects. An example of a time-limited individual treatment with strong evidence for use in school populations is interpersonal therapy, adapted for adolescents (IPT-A)²⁴. In a study that spanned 5 school health clinics in NYC, adolescents treated with IPT-A showed greater symptom reduction and improvement in overall functioning compared to treatment as usual (TAU). The core components of IPT-A include 3 phases of treatment delivered over 12 weeks. The adapted-for-teens version differs from adult IPT in that it is shorter (12 weeks vs. 16-20 weeks), adds a parent component, and focuses less on the sick role. The treatment manual is clear and concise, and focuses on current interpersonal issues that are most important to adolescents, including grief, interpersonal disputes, role transitions, and interpersonal deficits.

Prevention strategies

Several programs have shown promise as preventative in the development of depression. Examples of school-based depression prevention programs have been summarized nicely in a review by Callear⁷. The author suggests important factors to be considered before implementing a depression prevention program in schools, such as consideration of target audience (universal prevention directed to all students; indicated prevention directed to students with elevated symptoms of depression, or selected prevention directed only at students identified as being at high-risk of developing depression; program scheduling, support and protocols for referrals, and the assurance of full buy-in from school administrative leaders. Specific programs that are aimed at preventing depression and increasing mental health awareness are listed in Table 5, and include the RAP-Kiwi, MoodGYM, Penn Resiliency Program, IPT-AST, Stress Inoculation Training, Brain Driver Education and Positive Action programs. Other approaches with growing

empirical support focus on mindfulness and resilience. Useful reviews highlight how these programs can be implemented for children, adolescents and young adults ⁴⁶⁻⁴⁹

Table 5: Examples of Evidence-Supported Depression Prevention and Mental Health Awareness Programs developed for Schools

<p>RAP-Kiwi ²⁵</p>	<p>11-session manual-based program derived from cognitive-behavioral therapy, delivered by teachers; Ages 13-15; depression scores were reduced significantly more by RAP-Kiwi than by placebo, and were effective across cultural sub-groups, at follow-up, post-group and 18 mos.</p>
<p>MoodGYM ²⁶</p>	<p>Interactive, web-based intervention designed to prevent and decrease depression symptoms; presented by classroom teacher for 1-hr weekly over 5 weeks, based on CBT; contains information, animated demonstrations, quizzes and homework exercises. Ages 13-17</p>
<p>Penn Resiliency Program PRP ²⁷</p>	<p>12-session group intervention for students aged 10-14. Teaches CBT and problem solving skills; widely researched and supported by 8 RCT's showing significantly positive results; among the most broadly researched depression prevention programs. 10 school-based trials for ages 10-14 yrs. have been conducted since 2001. Significant effects found in 8 of the trials post follow-up. Delivery by teachers, mental health professionals and graduate students ²³</p>
<p>Interpersonal Therapy, Adolescent Skills Training (IPT-AST) ²⁸</p>	<p>Based on IPT; goal is to prevent depression by teaching social and communication skills necessary to develop and maintain positive relationships; 2 individual and 8 grp sessions for students 11-16 years old; significant positive results reported at 3- and 6- month follow-ups in the areas of handling interpersonal role disputes, navigating role transitions, and addressing interpersonal deficits</p>

Stress Inoculation Training (SIT) ²⁹	Based on CBT; provides individual and group therapy for 15-18 year olds; 9-13 sessions delivered weekly with a 3-phase stress inoculation model: Conceptualization phase, Skill acquisition phase, Skill application phase; Techniques taught include cognitive restructuring, problem solving and relaxation. At least 2 universal school-based trials have found significant results
Brain Drivers Education ^{30,42} (https://www.massgeneral.org/psychiatry/assets/pdfs/school-psych/Brain-Drivers-Education-Operators-Guide.pdf)	Based on CBT; developed by a child and adolescent psychiatrist at the Mass General School Psychiatry at Harvard Program and an educator in the Boston schools; evidence-informed curriculum on emotional self-regulation; Utilizes elements of CBT, DBT, and other widely accepted approaches for achieving well-being and healthy interpersonal relationships. Pilot study showed significant positive results regarding emotion regulation and conflict resolution; a majority of students found the curriculum useful for their everyday lives
Positive Action ³¹	An evidence-based educational program that promotes intrinsic learning and cooperation among peers. Links positive actions to positive self-perception. Adapted for various grade levels; shown to increase academic achievement and reduce problem behaviors. Intervention topics address mental health, physical health, behavior, family, academics, and substance use. Designed for teachers to run in as little as 15 minutes per school day.

Adapted from Calcar, 2012

An example of a best practices universal prevention classroom curriculum is Break Free From Depression (BFFD)³². The goal of BFFD is to raise student awareness and knowledge about depression, and to highlight risk factors working against help-seeking behaviors for the students themselves or others. The material consists of a

PowerPoint lecture with interactive student components, a documentary film, and a group-guided facilitation activity regarding depression in youth. The BFFD curriculum includes a detailed facilitator's guide and supplementary materials. There is also a group discussion about stigma and other barriers against getting help, how the teens in the film negotiated and overcame these barriers, and what finally worked for them. Students are encouraged to seek help for themselves or their peers through a discreet and simple form that is given in each session³³.

Other examples of depression awareness and suicide prevention curricula for high schools include *More Than Sad: Teen Depression*, and *More Than Sad: Preventing Teen Suicide*, (American Foundation for Suicide Prevention, 2010), and *Linking Education and Awareness of Depression and Suicide (LEADS, Suicide Awareness Voices of Education, 2008)*.

These interventions collectively highlight how clinicians can be helpful not only for diagnosing and treating depressive disorders in the school setting, but also for serving as partners or implementers of best practice curricula to promote mental health, wellbeing, and education about the signs and symptoms of mood conditions to mitigate risk from developing serious depressive disorders. Prior research³³ has led to recommendations against 1-and-done presentations or assemblies, as they may not be effective in changing behavior. Moreover, students (and school staff or parents) ought to have opportunities for questions, reflection, and follow-up. Thus, all of the curricula described in this section should be delivered over multiple sessions and monitored for effect.

An example of an evidence-supported program to enhance teacher self-efficacy in engaging with high-risk students is the Kognito: At Risk for Educators Program. It features interactive role-play simulations that build awareness, knowledge and skills about mental health and suicide prevention, preparing high school educators to recognize and intervene with students in psychological distress---and if needed, connect them with support services³⁴. As teachers are the most present adults controlling the learning environment, it is important to engage with them early and often in order to build a healthy and long-lasting supporting alliance. When children are younger, it may be quite easy for parents / guardians to engage with school staff through volunteering or chaperoning a school field trip, for example. It gets harder to stay engaged as a parent, as youth progress through middle- and high school. Parent strategies for engaging with school staff can be found at <https://community.understood.org/school-services/f/working-with-teachers>.

The socio-cultural milieu of treatments in the school setting

In schools, culture influences the same areas that are central to mental health, such as behavioral expectations and tolerance, language, emotion, attention, attachment, traumatic experiences, conduct, personality, motivation, limit setting, and other aspects of teaching in general. Cultural context plays an important role not only in structuring the school environment in which youth with emotional and behavioral disorders function but also in the way such children and teens are understood and treated^{35,41}.

Teachers play a crucial role in promoting the overall health and academic engagement of their students, in addition to their social and emotional learning and development.

As McCullough and colleagues⁵⁰ have highlighted:

Without a more direct focus on teacher well-being, the proposed strategies for promoting youth happiness may be futile, especially if the adults with whom they interact with most during the school day feel emotionally exhausted and overworked. Accordingly, Hills and Robinson⁵¹ emphasized that “teachers need to be the first to put on their oxygen masks prior to supporting their students’ social and emotional wellness”. (p.104)²

As parents engage with schools to advocate for accommodations for their children with mood conditions, it is important to know what their rights and resources are. In the US, the main laws of relevance are the Individuals with Disabilities Education and Improvement Act (IDEA/IDEIA), and section 504 of the Rehabilitation Act of 1973. A useful site that summarizes relevant information is <https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-ieps-and-504-plans>.

Table 6 below highlights the educational implications and classroom strategies for students who struggle with Depressive Disorders.

TABLE 6 Educational Manifestations of Depressive Disorders and Classroom Strategies

Educational Manifestations	Instructional Strategies and Classroom Accommodations
Fluctuations in mood, energy and motivation that may be seasonal or cyclical	During times of low mood, energy and motivation, reduce academic workload and demands; adjust accordingly when mood, energy, and motivation increase
Difficulty concentrating or completing assignments	Provide students with books on tape or recorded instructions when concentration is low
Difficulty understanding complex instructions; Challenges reading long written passages of text	Break assignments into smaller sections and monitor student progress, checking comprehension periodically
Difficulty with prompt arrival and “readiness to learn” in the early morning due to difficulty sleeping	Accommodate late arrivals by arranging for separate workspace if needed. Ensure that IEP or 504 plan accounts for this. Especially relevant during medication changes
Easily frustrated and prone to sadness, embarrassment or anger	Identify a place where student can go for privacy until they can regain control
Difficulty with social skills, boundaries and peer relationships	Seat student next to peers whom the student feels would be helpful to their classroom functioning, with changes made as needed
Fluctuations in cognitive and physical abilities and presence of side effects, especially with medication changes	Adjust the homework and in-class work to prevent overload; Adjust for need for frequent hydration and bathroom breaks

Impaired planning, organizing and abstract reasoning	Provide skills training with occupational therapist, school psychologist, or learning specialist to improve these
Prone to heightened sensitivity to perceived criticism, and may react emotionally over seemingly small things	Create a plan for self-calming strategies (journaling, listening to music, drawing, walking out of class/running classroom errands at designated intervals)
May experience high levels of anxiety that interfere with their ability to logically assess a situation; Difficulty or shame / self-doubt in communicating educational needs	Have a “lead school staff” whom the students know and trust the most: a guidance counselor, administrator, teacher or other staff member who could be honest with the student to assist during times of high distress and be the single point of communication
Marked decreases in interest in school work and activities; especially problematic for group assignments	Group student with peers whom the student feels is helpful to their classroom functioning, with changes made as needed
Fluctuations in cognitive and physical abilities and presence of side effects, especially with medication changes	Adjust the homework and in-class load to prevent the student from becoming overwhelmed; Adjust for need for frequent hydration and bathroom breaks
Grades may drop significantly due to lack of interest, loss of motivation, or excessive absences	Adjust expectations accordingly, and meet with student, parent and guidance counselor regularly to review progress; Be flexible and realistic about educational goals (school failures and unmet expectations can exacerbate depressive symptoms).
Prone to heightened sensitivity to perceived criticism, and may react emotionally over seemingly small things	Create a plan for self-calming strategies (journaling, listening to music, drawing, walking out of class/running errands at designated intervals for the teacher)
Prone to “all-or-none” thinking (all bad or all good)	Keep a record of accomplishments to show them to student at low points

Sources: California Dept of Education, Placer Co. Department of Education and MACMH, 2014);^{36,4}

From prevention to state policy and a new law:

In 2016, California became one of the first states to require that all public school districts serving students in grades 7-12 develop a suicide prevention board policy and administrative regulations. A model suicide prevention policy has been developed by the California Department of Education (CA Dept of Education, 2017), and a K12 Toolkit for Mental Health Promotion and Suicide Prevention³⁷ lists evidence-supported suicide prevention programs and social-emotional learning (SEL) strategies that can begin even earlier than middle school, such as the Good Behavior Game (GBG) , Promoting Alternative Thinking Strategies (PATHS)³⁸, and others that are especially suited for

middle and older teens (Sources of Strength)⁴⁴. GBG is a classroom game where elementary school children are rewarded for displaying appropriate on-task behaviors during instructional times. It has shown long-term benefits in multiple social and emotional domains by strengthening inhibition, extending self-regulation, and improving social emotional scaffolding, in addition to being associated with significantly decreased suicide risk in later school years by those who participated in this game while in elementary school³⁹. PATHS has shown effectiveness in enhancing the educational process and promoting social and emotional competencies in elementary school youth, while also reducing aggression and behavior problems.⁴

Sources of Strength is a universal suicide prevention program that builds protective influences and reduces the likelihood that vulnerable youth will become suicidal. It trains students as peer leaders and connects them with adult advisors at school and in the community. These trusted adults support the peer leaders in conducting well-defined messaging activities that aim to change peer group norms that influence coping practices and problem behaviors (e.g., self-harm, drug use, unhealthy sexual practices). The program has benefits for both suicide prevention and well-being promotion. In an 18-school RCT, Wyman and colleagues demonstrated that the program led to changes in norms across the full population of high school students after 4 months of school-wide messaging.⁴⁵

Summary

In this chapter, emerging programs and approaches that may be used to address depression in schools are highlighted. The process of school stakeholder buy-in and the cultivation of a supporting alliance among school staff, clinician, and parent are essential. A review of assessment tools, intervention strategies and prevention programs is complemented by approaches that focus on well-being promotion. Virtual role-play software can assist teachers in implementing practical tools for responding to students in need, developing classroom management strategies for those in crisis, and referring them to resources. Programs such as the Good Behavior Game in elementary schools and Sources of Strength in secondary schools can be used as school-wide positive behavior and suicide prevention programs, and may also have important downstream prevention benefits in reducing adolescent risk-taking behaviors more broadly⁴. Finally, the importance of positive student-teacher relationships is emphasized in order to promote healthy school functioning and both student and teacher well-being.

Resources: Useful School Mental Health Websites⁴⁶

1. Promising Practices Network (PPN) on Children, Families and Communities (<http://www.promisingpractices.net/programs.asp>); Features summaries of programs and practices that have shown positive outcomes for children.
2. Suicide Prevention Resource Center: Best Practices Registry for Suicide Prevention (http://www.sprc.org/featured_resources/bpr/index.asp)
3. National Center for School Mental Health (<http://csmh.umaryland.edu>): Up-to-date information about national school mental health training, practice, research, and policy.

4. Center for MH in Schools and Student/Learning Supports at UCLA (<http://smhp.psych.ucla.edu>): Clearinghouse of important mental health, school, and educational materials.
5. IDEA Partnership (<http://www.ideapartnership.org>): Up-to-date information on changes in the Individuals With Disabilities Education Act (IDEA) parameters.
6. HEARD Alliance (Health Care Alliance for Response to Adolescent Depression; <http://www.heardalliance.org>): A collaborative website that features resources for suicide prevention and mental health promotion; features a best practice K-12 Toolkit for Mental Health Promotion and Suicide Prevention.
7. National Child Traumatic Stress Network (<http://www.nctsn.org>): Contains very useful resources for educators to teach students with trauma, loss, and anxiety; also has useful tips for speaking with parents, children, and the media about the consequences of human-caused and natural disasters and has resources for preventing burnout in educators.

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School Intervention: How to Promote Socio-Cognitive Functioning in Initial Education

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Abstract

Early childhood has been considered as a sensitive period, filled with "windows of opportunity" to enhance cognitive and socio-emotional functions. In this sense, the educational and family context is an optimal environment favoring the integral development of children. The main objective was to train teachers in socio-cognitive functioning for children in initial education in Mendoza (Argentina), to optimize these functions in their students. The project was carried out in 2 public pre-primary schools, with different socio-contextual characteristics: the first school was located in an urban area; and the second was in a socially-vulnerable area. We worked with 257 initial-level students (4-5 years). The work was carried out in 3 stages: First stage consisted of theoretical-practical training for teachers as promoters of socio-cognitive development in their students. Second, children were evaluated in order to investigate, maturity indicators, attention, working memory and identification of emotions. For their part, the teachers answered the Executive Functioning Scale (Korzeniowski & Ison, 2019). The third stage was "Post-evaluation", in which the socio-cognitive performance in children, the teachers and the parents' perception of the applied stimulation program were evaluated. The results showed significant improvements in children's performance in different socio-cognitive functions after stimulation strategies were applied intensively and systematically in the school context. In turn, 81% of the teachers gave a positive assessment of the training sessions, highlighting the relevant support of the provided materials and strategies. 79% of the parents considered that the stimulation program produced significant advances in school performance of their children.

Key words: socio-cognitive functioning, school intervention, workshop for educators, Argentine students.

Introduction

Socio-cognitive functioning is a wide construct, which encompasses a series of cognitive and socio-affective processes responsible for behaviour self-regulation that permits finding problem resolution. This construct, referred to by numerous authors as executive functioning, has been associated with academic achievement, especially early and middle

childhood (Blair & Raver, 2015; Shaul & Schwartz, 2014; Zelazo, Forston, Masten & Carlson, 2018).

It has been well documented that early childhood possesses particular characteristics that are described as a “sensitive period” of development, due to a combination of factors, the most important being highly related cerebral plasticity, rapid development of neuro-cognitive processes that support cognitive functions (Zelazo, 2015) and the possibilities that offer social contexts of interaction for their progress.

In this sense, family and school are two of the most important social institutions that involve the development of children (Gerrard & Soriano, 2019). Thus, there would be no socio-cognitive and emotional functioning in children that could unfold, independently of narrow interaction with significant developmental contexts. Therefore, socio-cognitive functioning in childhood must be understood as a dynamic, multifactorial process, and that depends, on a large part, on the situation in which its development occurs (Brizuela & Scheuer, 2016).

Considering the contextual and socio-cultural approaches to development, collaborative interactions that are established between children, their classmates and significant adults in the surroundings form a favourable environment for learning experiences (Vygotsky, 1988; Rogoff, Correa-Chávez, & Silva, 2011). This refers to the concept of Proximal Development Zone, widely studied, referring to a shared psychological place where the adult can interact with children that favors socio-cognitive and emotional development, through mediation (Casas-Miranda, Jarque, & Amado, 1999).

In Argentina, the formal educational system starts at 4 years. For younger boys and girls, this situation represents a challenge and an opportunity in terms of establishing new interpersonal relationships with peers and significant adults, generating a favourable place for the unfolding of socio-cognitive and emotional-cognitive performance.

It is in the framework of these socio-emotional interactions where children will develop their potential at the cognitive level, progressively internalising these experiences and working together with their peers and their teacher, whose role is to be a facilitator of learning.

Executive functioning in early childhood: Why promote their development?

In general, there is consensus among researchers, although not in a uniform manner, in characterising executive functioning as a multidimensional construct composed of a specific set of implied cognitive abilities, acting in an active and intentional way, in the regulation of attention and involved in the conscious resolution of problems directed to goals (Miyake, Friedman, Emerson, Witzki, & Howerter et al., 2000). An example of this is, when asked a question, a person must put into practice a set of self-regulatory skills in order to answer it.

These cognitive skills include cognitive flexibility, working memory and inhibitory control (Carlson, Zelazo, and Faja 2013; Diamond 2013; Zelazo, Blair, & Willoughby, 2016). *Cognitive flexibility* implies thinking about something in multiple ways. Examples are: considering the perspective of another person on a situation, thinking of different points of view, or resolving a mathematical problem in multiple ways. *Working memory* (WM) implies having in mind information and manipulating it in some way, as, for example, in the comprehension of a story, where various pieces of information must be integrated into a coherent whole. *Inhibitory control* is the process of regulating attention

in order to, for example, ignore a distraction, avoid an impulsive expression or not give an unproductive answer. This triad is the basis of other more complex functions such as planning, organisation and metacognition (Baggetta & Alexander, 2016; Clements, Sarama, & Germeroth, 2016; Diamond, 2013; Korzeniowski, 2015; Miyake, et al., 2000). Brain development occurs in large part in the function of experience, and neural networks that support EFs are modified during this development, due to neuroplasticity factors (Zelazo, et al., 2016)

Early childhood, approximately from 2 to 6 years, is considered as a “window of opportunity” for the development of EFs (Zelazo, et al., 2016; Traverso, Viterbori, & Usai, 2019). Between 3 and 5 years, it is observed that boys and girls start to develop the abilities: to maintain more than one representation in their minds; to flexibly change the attentional focus; to inhibit the tendency to give a dominant answer; and, to regulate their emotions (Diamond & Ling, 2016; Willoughby, et al., 2017). Specifically, from 4 to 6 years, there is progressive reorganisation such as in both inhibitory control and working memory, which are EFs that, although different, are interrelated. (Miller, Giesbrecht, Müller, McInerney & Kerns, 2012).

Longitudinal studies give consistent evidence about the interdependence between EFs and learning: a good executive performance favouring academic learning and activities implied in school learning strengthening executive functioning (Fuhs et al. 2014). Thus, socio-cognitive functioning is fundamental for the performance in many types of learning activities in which children participate in pre-primary and the first grades of primary school.

Even though socio-cognitive functioning is able to improve through training and practice, it can also be diminished by adverse experiences. For example, high levels of stress in early childhood are associated with low performance in EFs, which, in turn, lead to higher levels of stress manifested in learning situations (Evans y Schamberg, 2009). However, there is also evidence that good performance of EFs can protect against risks associated with social vulnerability (Morelato, Korzeniowski, Greco, & Ison, 2019; Korzeniowski, Ison, & Dibafio, 2017; Segretin, et al., 2014), as well as risks of academic failure (Masten, et al. 2012).

Interventions directed towards strengthening cognitive functions have demonstrated to be beneficial for helping boys and girls to obtain academic achievement (Blair & Raver, 2015; Ison & Espósito, 2020; Korzeniowski, Cupani, Ison, & Difabio, 2016; Korzeniowski, Ison, & Difabio, 2017; Korzeniowski, Morelato, Greco & Monteoliva, 2020; Segretin et al., 2014; Zelazo, et al., 2018). Here, the social interaction contexts play a central role in modulation of processes implied in emotional and cognitive self-regulation in children. Both aspects are of central importance for learning in school.

Socio-cognitive and emotional functions of schoolchildren can be strengthened with practice, through the implementation of intervention through stimulation programs. Various studies have emphasized that such implementation by teachers can contribute to significant improvement in the socio-cognitive functioning of their students, providing ecological validity to the intervention (Diamond & Ling, 2016; Traverso, Viterbori, and Usai, 2015, 2019).

In 2017, based on the research carried out by our team in this intervention area, we were mandated by the provincial education department in Mendoza, to design and implement an stimulation program to promote cognitive and socio-emotional capacities in boys and

girls of initial education, through teacher training. This is how “Proyecto Piloto Integral de Nivel Inicial” (PINI) emerged.

Description of PINI

PINI, the Integral Initial-Level Pilot Project in English, was initiated in 2017 by the Director of Initial Education, part of the Mendoza provincial education department called Dirección General de Escuelas (DGE). Its objective is to promote successful educational trajectories in boys and girls of 4 and 5 years, linking integral physical education, music education and the promotion of socio-cognitive and emotional functions (SCEF), the latter in coordination with the Child Psychology Group (University of Aconcagua and CONICET). Our research team participated in three central axes of the PINI: a) training for preschool managers and teachers on socio-cognitive and emotional functioning in early childhood; b) design and elaboration of a stimulation program called "Strategies for socio-cognitive and emotional development in initial education", to be applied by teachers; and, c) evaluation of the effectiveness of the applied program. PINI continues to the present.

The proposal developed in the pre-primary schools had 3 levels of action: children, parents and teachers, with the purpose of:

- a) Optimising the socio-cognitive-affective performance of schoolchildren.
- b) Promoting cooperative work between classroom, physical education, English and music education teachers in order to articulate activities to promote socio-cognitive and emotional functioning in early childhood.
- c) Promoting teamwork among professionals, teachers and parents in order to foster an interpersonal climate favoring cooperative relationships in the school context.

Thus, this proposal was aligned with the SBFC theoretical model, because it was hoped to help children in promoting socio-cognitive functioning, directly involving teachers and indirectly engaging parents.

Based on the above, the focus of this work was to train initial education teachers in socio-cognitive functioning in early childhood to enable implementation of a stimulation program to optimize the efficiency of these functions in their students.

Methods

Ethics statement

All investigation procedures and the evaluation instruments applied were reviewed and approved by the DGE. Parents of participating children were informed about the procedures of the study before giving their written consent. Participating children were given verbal information about the procedure.

Participants

Participating in the study were a total of 11 preschool teachers and 257 children of 4 and 5 years (132 males, 125 female) from the province of Mendoza, Argentina. At the time of first testing, children presented an average age of 62 months (SD = 7.57 months). We worked in 2 primary schools with different socio-contextual characteristics: the first school was urban (Mendoza Capital), involving 3 teachers and 111 schoolchildren (56 male, 55 female, $M_{\text{age}} = 63$ months, $SD = 7.06$ months); and the second located in a socially-vulnerable area of a municipality near the capital of Mendoza, involving 8

teachers and 146 schoolchildren (76 male, 70 female, $M_{age} = 61$ months, $SD = 7.77$). Table 1, shows the age distribution.

Table 1: Age distribution of the children, for both pre-primary schools

	Urban Environment	Vulnerable Environment	Total
	<i>f</i> (%)	<i>f</i> (%)	<i>f</i> (%)
Classes, 4 years	49 (44.1)	71 (48.6)	120 (46.7)
Classes, 5 years	62 (55.9)	75 (5.4)	137 (53.3)
<i>n Total</i>	111	146	257

Stages of research, and procedures

In order to obtain information on the socio-cognitive development functioning in children, the work consisted of 3 stages:

Stage 1- Teacher Training: In 2017, training for kindergarten teachers began, consisting of 8 theoretical-practical meetings of 2 hours each. The themes of attentional and perceptual organization, working memory, inhibitory control, cognitive flexibility, planning, social withdrawal, emotions, resilience, social vulnerability and strengthening of socio-emotional resources in school contexts were addressed.

In each meeting, each of the functions and skills involved in the stimulation program, its evolutionary development and the reason for its importance in promoting its development were analyzed. Thus, teachers learned about child cognitive and socio-emotional development and its importance for social and academic skills. They also learned how to find creative solutions to exercise socio-cognitive and emotional functions. In the meetings, ideas were proposed on how to incorporate the contents of the stimulation program into the school curriculum and into the daily routines of each grade. With physical education teachers, English teachers, and music teachers, different activities that they could implement in their classes were discussed and practiced, to foster the development of socio-cognitive and emotional functions in their students. Associated with these training sessions, our research team produced a booklet with different exercises and strategies to be consulted by teachers, thus providing ideas on how to transfer what was learned into practice in their student group.

Stage 2- Pre-assessment: In 2018, work began in schools. Before the application of the stimulation program by the teachers, the following functions were evaluated in children: maturity indicators, attention, visuomotor perception, visuospatial skills, working memory and identification of emotions.

- *Maturity indicators* were evaluated using the Human Figure Drawing (Fernández Liporace, Brizzio & López, 2017).
- *Attention* was evaluated with the Cumanin figure cancellation tests (Portellano et.al, 2000).
- *Visuomotor perception, visuospatial skills and working memory* were analyzed by means of the Copy and Reproduction of Memory test of the Complex Figure of Rey (Figure B-Rey, 1987; Lozada & Espósito, 2018).

- *Emotion recognition* was evaluated through images. This instrument consisted of 6 cards, each of which contained the drawing of a child's face representing an emotion. The emotions evaluated were: joy, anger, fear, surprise, displeasure and sadness (Ison & González, 2018).
- *Executive Function Scale* of students (EFS, Korzeniowski & Ison, 2019) was responded to by teachers. The EFS assesses the teacher's perception of behaviors in students that denote: attention, metacognition, inhibitory control, organizing, planning, cognitive flexibility and working memory.

Once the evaluation stage was completed, the implementation of the stimulation program designed to strengthen socio-cognitive functioning in pre-primary children began. This program was applied by teachers for 4 months, using socio-cognitive functions and working daily with recreational activities based on ones described in the stimulation booklet (Ison & Espósito, 2020). In addition, each task was promoted by the teacher, who guided and monitored the development of the activity and "scaffolded the knowledge", giving positive feedback, trying to maintain the motivation of the group and promoting emotional self-regulation in their students. The teacher functioned as a support or guide structure for the execution of the tasks in the children, such as: helping them to think about how they did the activities, why they did it this way, what other activities they could think or do.

Although the teacher training program had a defined structure with specific content, the teachers could creatively incorporate other activities, allowing them to adjust their work to the characteristics of the group of children. The focus was on stimulating a function or a set of them for its strengthening.

Stage 3 - Post-evaluation: Subsequent to the application of the intervention program, the re-evaluation of the socio-cognitive functions in the children was carried out. Furthermore, two surveys were carried out, one for parents and the other for teachers, in order to investigate whether the applied stimulation program helped to strengthen socio-cognitive and emotional functions in children. In addition, investigation was done into whether they had noticed improvements or positive changes in the children after the application of the program, and into what processes or aspects they observed such improvements.

Statistical Analysis

To begin, the Kolmogorov-Smirnov (K-S) test was applied. It indicated the studied variables did not adjust to the model of normal distribution. Then, to respond to the objective of the work, descriptive analyses (mean \pm standard deviation) and pre-test comparisons with non-parametric tests (Mann Whitney U) were conducted to investigate differences between groups at baseline in relation to maturity indicators, cognitive processes, identification of emotions scores and teacher's perception of socio-cognitive functioning in their students. After that, to evaluate the effectiveness of the training program, intragroup comparisons with Wilcoxon signed rank test for related samples were made, with a significance level of .05. The magnitude of the differences was estimated using the bi-serial correlation index (Dominguez-Lara, 2017), and Cohen's criteria (Cohen, 1988) was employed to interpret them.

Results

Baseline Level: comparative study for both pre-primary schools

First, descriptive statistics (mean \pm standard deviation) were obtained for each of the socio-cognitive functions evaluated in children from both socio-cultural contexts, in order to analyze whether there were differences in the baseline. The same was done with the variables of the Executive Functioning Scale answered by the teachers. Subsequently, to find out if there were significant differences in the performance of students according to the educational environment prior to the application of the stimulation program, the non-parametric hypothesis test for independent samples U of Mann-Whitney was applied. As Table 2 shows, there are differences between the children of both groups at the baseline in the following evaluated variables: maturational indicators ($U = 3970.50$, $p = .001$), attention ($U = 6484$, $p = .012$) and recognition of emotions ($U = 5464$, $p = .001$). In turn, when analyzing the teachers' perception regarding the cognitive functioning of their students, only significant differences were observed in the planning area, in favor of the vulnerable children ($p < 0.003$) (see Table 2).

Table 2. Pre-intervention: descriptive statistics of indicators of maturity, socio-cognitive functions and Teachers' perception, according to each school

Socio-cognitive Functioning		Urban	Vulnerable	U	p
		Environment	Environment		
		$n = 111$	$n = 146$		
		M (SD)	M (SD)		
Children	Maturity indicators	16.23(7.83)	11.2(5.77)	3970.5	0.001
	Attention	6.08(3.52)	4.98(3.35)	6484	0.012
	Visuomotor perception	12,38(7,36)	11,44(7,65)	6089,5	0.370
	Visuo-spatial skills	23,03(9,19)	20,91(10,17)	5714	0.101
	Working memory	18,13(8,58)	16,4(9,82)	5613	0.083
	Emotion recognition	1.63(1.04)	1.06(0.99)	5464	0.001
Teachers' perception (EFS)	Attention	3.17(3.25)	3.06(2.98)	7871.5	0.762
	Metacognition	4.74(2.01)	4.97(1.88)	7359.5	0.233
	Inhibitory control	4.13(5.11)	3.89(4)	7570.5	0.406
	Organizing	2.77(3.29)	2.81(3.04)	7859.5	0.745
	Planning	3.13(1.34)	3.44(1.15)	6401	0.003
	Cognitive flexibility	2.29(2.15)	2.31(2.4)	7771.5	0.631
	Working memory	9.52(2.8)	9.39(2.91)	7812.5	0.68

Training Effects on Socio-Cognitive Functioning in initial-level children: comparative study

To analyze whether the stimulation given by the teachers managed to increase the socio-cognitive performance in their students, intra-group comparisons (pre-post assessments) were made for each of the pre-primary schools. In addition, the teachers' perception of socio-cognitive functioning in their students was analyzed.

Urban schools: intragroup comparative study

As Table 3 shows, in the post-test, urban school children showed improvements in all the variables analysed. When analyzing the teachers' perception regarding the cognitive functioning of their students, in the post-test, the teachers observed improvements in Metacognition ($Z = -3.29$, $p = .001$, $rbis = .31$), and Working memory ($Z = -2.88$, $p = .004$, $rbis = .27$). But they note that performance worsens in Inhibitory control ($Z = -3.15$, $p = .002$, $rbis = .30$) and Cognitive flexibility ($Z = -4.58$, $p = .001$, $rbis = .43$).

Table 3. Pre-test and post-test differences in functions evaluated in children and teachers' perception, for the urban environment

Variable	Urban Environment						
	<i>n</i>	Pre <i>M (SD)</i>	Post <i>M (SD)</i>	<i>Z</i>	<i>p</i>	<i>rbis</i>	
Children	Maturity indicators	108	16.23 (7.83)	18,06 (7.61)	- 3.62	<.001	.35
	Attention	108	6.08 (3.52)	9,40 (4.14)	- 6.55	<.001	.63
	Visuomotor perception	108	12,38(7,36)	17,88(7,21)	- 4.28	<.001	.41
	Visuospatial skills	108	23,03(9,19)	29,78 (9.00)	- 5.20	<.001	.50
	Working memory	108	18,13(8,58)	25,49(9,41)	- 5.60	<.001	.54
	Emotion recognition	108	1.63 (1.04)	2.50 (0.89)	- 6.35	<.001	.61
Teachers' perception (EFS)	Attention	111	3.17 (3.25)	2.86 (2.75)	- 1.33	.183	.13
	Metacognition	111	4.74 (2.01)	5.49 (1.98)	- 3.29	.001	.31
	Inhibitory control	111	4.13 (5.11)	5.38 (4.56)	- 3.15	.002	.30
	Organizing	111	2.77 (3.29)	2.97 (3.01)	- -.91	.361	.09
	Planning	111	3.13 (1.34)	3.08 (0.68)	- -.15	.883	.01
	Cognitive flexibility	111	2.29 (2.15)	3.37 (1.93)	- 4.58	<.001	.43
Working memory	111	9.52 (2.8)	10.16 (2.27)	- 2/88	.004	.27	

Vulnerable schools: intragroup comparative study

In the post-test, vulnerable school children showed improvements in all the analysed variables, equal to the previous group.

When analyzing the teachers' perception regarding the cognitive functioning of their students, in the post-test, the teachers observed improvements in Attention ($Z = -2.61$, $p = .009$, $rbis = .22$), Inhibitory control ($Z = -2.11$, $p = .035$, $rbis = .18$), Organizing ($Z = -4.13$, $p = <.001$, $rbis = .34$), Planning ($Z = -3.16$, $p = .002$, $rbis = .26$) and Working memory ($Z = -2.88$, $p = .004$, $rbis = .27$) (See Table 4).

Table 4. Pre-test and post-test differences in functions evaluated in children and teachers' perception, for the vulnerable environment

Variable	n	Vulnerable Environment		Z	p	rbis	
		Pre M (SD)	Post M (SD)				
Children	Maturity indicators	121	11.2 (5.77)	17.15 (6.34)	7.43	.001	.71
	Attention	121	4.98 (3.35)	6.99 (2.65)	4.18	<.001	.38
	Visuomotor perception	121	11,44(7.65)	15,39(9.01)	5.62	<.001	.51
	Visuospatial skills	121	20,91(10.17)	24,9(10.51)	3.60	<.001	.33
	Working memory	121	16,4(9.82)	19,17(10.99)	3.04	.002	.28
	Emotion recognition	121	1.06 (0.99)	1.9 (0.91)	5.36	<.001	.53
Teachers' perception (EFS)	Attention	144	3,06 (2.98)	2.72 (3.11)	2.61	.009	.22
	Metacognition	144	4.97 (1.88)	5.21 (2.04)	1.49	.136	.12
	Inhibitory control	144	3.89 (4)	3.59 (4.25)	2.11	.035	.18
	Organizing	144	2.81 (3.04)	2.24 (2.87)	4.13	<.001	.34
	Planning	144	3.44 (1.15)	3.80 (1.50)	3.16	.002	.26
	Cognitive flexibility	144	2.31 (2.40)	1.96 (2.19)	1.73	.084	.14
Working memory	144	9.39 (2.91)	10.01 (2.48)	2.88	.004	.24	

Post-assessment comparisons between groups

When comparing the performances obtained by the children of both educational areas in the studied variables, we observed that the two groups showed improvements, and those gains were from moderate to very large in relation to their baseline (Urban School group: *rbis* = from .35 to .63; Vulnerable School group: *rbis* = .28 to .71).

When analyzing which group obtained greater gains in the performance of the variables under study after the stimulation program, it was observed that children in urban schools achieved a greater magnitude in the improvement of attention (*rbis* = .63 vs. *rbis* = .38), in visuospatial skills (*rbis* = .50 vs. *rbis* = .33), in working memory (*rbis* = .54 vs. *rbis* = .28), and in emotion recognition (*rbis* = .61 vs. *rbis* = .53), compared to vulnerable environment children. In contrast, the vulnerable school children presented higher gains

in: maturity indicators ($r_{bis} = .71$ vs. $r_{bis} = .35$) and visuomotor perception ($r_{bis} = .51$ vs. $r_{bis} = .41$), compared to children from the urban school.

Parents' and teachers' perception of the stimulation program

After the stimulation program, two online surveys were carried out, one for parents and the other for teachers, in order to find out if the stimulation program contributed to the strengthening of socio-cognitive and emotional functions in children.

The results showed that 79.39% of the parents considered that PINI contributed to improving the socio-cognitive and emotional performance in their children. The positive changes observed were that their children shared their things with siblings and peers, had a greater desire to write and do homework, paid more attention to daily activities and were more motivated to want to learn. However, 17.52% of the parents neither agreed nor disagreed, and 3.09% disagreed with the implementation of this program.

Further, 81.82% of the teachers observed improvements in the performance of their students, especially in the functions of attention, working memory, inhibitory control, relationships with peers and cognitive flexibility. Likewise, they considered it extremely beneficial for their students to continue the stimulation program. However, 18.18% disagreed with the application of the stimulation program.

Discussion

The aim of the present study was to train initial education teachers in socio-cognitive functioning in early childhood to enable implementation of a stimulation program to optimize the efficiency of these functions in their students. The discussion of the results is organized into three parts: the teachers' assessment, the assessment of the children to measure socio-cognitive functioning, and the perception of the parents respecting the stimulation program applied to the children.

Teachers' assessment

The teachers participating in this experience were able to integrate the activities present in the socio-cognitive stimulation program (SCSP) into the curricular content, adapting this proposal to the needs of the children and the organizational structures of each school. Thus, classroom teachers, as well as the physical education, English and music teachers, worked in an articulated way to carry out recreational activities that would lead to improving the socio-cognitive functions of their students. Different children face different challenges and, therefore, teachers were encouraged to apply the new knowledge, taking into account the particularities and needs of their own group, and setting realistic goals for improvement.

In addition, teachers were encouraged to focus on the strengths and resources of their group of students, rather than on weaknesses. This task was monitored by researchers from our team, who helped teachers focus on the achievements and resources of their students.

Before the implementation of the stimulation program, teachers from both educational areas did not observe differences in the socio-cognitive functioning of their students, except for Planning. Teachers at the vulnerable school reported higher scores for this function, compared to the scores of teachers at the urban school.

Assessment of the children

Before the stimulation program, both groups started from a different baseline in terms of the performance of their socio-cognitive and emotional skills. Thus, urban school children performed better in three of the six skills evaluated: maturity indicators, attention and emotion recognition, compared to vulnerable context school children. However, after applying the stimulation program, both groups obtained improvements in the performance of all the variables evaluated, and the magnitude of these improvements ranged from moderate to very large. It is expected that these functions have improved due to maturation, and not only due to the stimulation program. This aspect may be collated in future work when control groups are incorporated.

When performing an inter-group analysis, we observed that urban school children obtained greater gains in attention, visuospatial perception, working memory and emotion recognition, compared to the group of vulnerable context school children. On the contrary, the vulnerable group obtained higher gains in maturity indicators and visuomotor perception.

These results coincide with other research that has documented that the differences can be attenuated by applying intervention programs to favor the development of cognitive functioning in early childhood, and that the training of these processes has greater effects in younger children (Diamond, 2016; Diamond & Ling, 2016; Korzeniowski & Ison, 2017; Korzeniowski, Ison, & Difabio, in press; Miyake, et al., 2012; Usai, Viterbori, & Traverso, 2018). However, the variability of the results observed in the children of both primary schools indicates that the stimulation program should be further adjusted, taking into account the specific needs of each group, as well as making the necessary adaptations for its greater efficiency.

Parents' perception

Most parents perceived improvements in their children's school performance and considered that the stimulation program was beneficial for their children. They considered that it was very important to give continuity to this project, since they observed in their children: greater motivation to attend classes, better psychomotricity, greater attention and concentration when carrying out activities, greater openness to music and learning another language such as English, greater ability to memorize, better relationship with peers when wanting to share their things or their snacks and desire to read and write.

In summary, these results, although preliminary, are encouraging, since both parents and teachers observed advances in children's socio-cognitive and emotional skills after the stimulation program was applied in the classroom. In turn, teacher training in the promotion of resources can lead to creating conditions of equal opportunities and can generate benefits in the learning of all its students.

It is desirable that these programs be motivating for children, using different sensory channels to stimulate the various functions, that they be sustained over time, that they adapted to the characteristics of each group and that they are articulated with the daily activities of the classroom, giving ecological validity of these interventions.

The scaffolding and timely support of significant adults is a necessary condition for the strengthening of socio-cognitive and emotional skills in children, fundamental for school

learning.

Limitations and Contributions

Certainly, this work has limitations that must be taken into account when interpreting the results: first, there was a lack of a control group to investigate the weight of the maturation factor; second, the results obtained must be limited to the sample of Argentine children under study and must not be generalized to other populations; third, the activities of the stimulation program were strongly focused on socio-cognitive aspects and not so much on the emotional ones; and, fourth, techniques for evaluating socio-cognitive and emotional functions should have greater ecological validity, especially in young children. Even so, taking into account these limitations, we can say that the main contribution of this work was to increase the evidence of the importance of teacher training for the development of strategies that can be used to scaffold socio-cognitive and affective processes in the context of teaching-learning.

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2) Jeff Chang

Connecting the SBFC Dots in America: Family Therapy in Schools Topical Interest Network

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Abstract

Since the 1970s in the US, Public Law 94-142 has mandated that school-based mental health services in the US be provided through a special education “planning and placement” process of **individualized** assessment and programming by a multidisciplinary school team of providers. In the past two decades, more **systemic** initiatives such as School Based Family Counseling (SBFC), Positive Behavioral Interventions and Supports (PBIS) and Response to Intervention (RTI) have been added to create Multi Tiered Systems of Support (MTSS) in schools (Cholewa & Laundy, 2019). The goal has been to provide more **comprehensive** services in schools to a **broader** range of students, families and educators, in order to more effectively boost student achievement and resilience. The need for such support for schools across systemic levels has grown with the current coronavirus pandemic and the cultural/racial distress in the US.

In the past thirty years, all fifty states in the U.S. have enacted licensure of the profession of marriage and family therapy as one of the licensed mental health professions providing services to schools across the country. Family therapy is now both a multidisciplinary practice as well as the sixth licensed mental health profession. It is regulated by the American Association for Marriage and Family Therapy in North

America (AAMFT). Family therapists now join counselors, psychiatric nurses, psychiatrists and psychologists and social workers in schools across the country through state certification, contracted service delivery and through school partnerships with community clinics and agencies. It is an opportune time for MFTs to become embedded with multidisciplinary teams in education, fortified with systemic training at the core of their graduate preparation.

As family therapists enter such practice areas as schools, medicine and the military, AAMFT created Topical Interest Networks (TINs) in 2018, in order to expand the systemic orientation of MFTs/SBFC clinicians across settings and to encourage integrated multidisciplinary practice patterns across health care and education. This paper summarizes the first two years of effort by the AAMFT leadership team of the Family Therapy in Schools TIN. Its aim is to promote collaborative, systemic mental health practice in education by connecting school-based TIN members with innovative practice patterns and professionals who work in schools across the US, Canada and the world.

Following an introduction to the emergence of systemic initiatives such as SBFC and family therapy into schools, this paper outlines three current areas of TIN activities. They include: Bimonthly **Zoom workshops** with national/ international leaders who practice systemically in schools; bimonthly **Spotlight Newsletters** highlighting innovative school leaders and what they do; and a **Member Forum web site** for TIN members to collaborate.

The TIN team will then illustrate how MFTs are joining school health teams in three ways, which include: **State certification or endorsement** and how it is achieved; **contracted school-based services** between private practices/agencies and schools; and, **conjoint community partnerships** among schools and community service providers such as child guidance clinics, youth and family and social service agencies. All TIN leaders have been involved with one or more of these three types of school based practice across the U.S.

Introduction

The civil rights era in America ushered in the landmark Brown vs. Board of Education decision in 1954, which affirmed the right of African American students to attend integrated public schools (Laundy, Nelson & Abucewicz, 2011, p. 1). Brown vs. Board of Education prompted the further advocacy necessary to enact the landmark

Education for all Handicapped Children legislation in 1975, or Public Act 94-142. That national law mandated free and appropriate public education (FAPE) for students with special learning needs, which was to be offered in the least restrictive environment (LRE) (Laundy, 2015, pp.21 - 25). Such legislation created the need and opportunity for physical and occupational therapists, speech and language therapists and mental health professionals to partner with educators to help a fuller range of students succeed and achieve in schools.

Such service was initially based on a special education process of “planning and placement”, which involves assessment, team collaboration and matchup with needed services for students with disabilities. It was based on the US practice of **individual** assessment and treatment in health care, a practice which is known culturally as “Eurocentric” (Carter and Hernandez, 2020, p. 351). Over time, it was determined that such assessment needed to be done earlier in children’s school careers, and that students with special needs should be less isolated from their mainstream peers. The No Child Left Behind Act of 2001 created the path for the establishment of the Response to Intervention (RTI) initiative in 2005. That initiative helped shift the national mandate from ensuring that specific services are **provided** to individual students, to evaluating whether **all** students are **learning and achieving**.

The No Child Left Behind law paved the way for the creation of more systematically integrated layers of service to students at schools called Multi Tiered Systems of Support or MTSS (Goodman-Scott, Betters-Bubon & Donohue, 2019, p. 1). MTSS incorporates whole-school, group, family and individual levels of interventions, depending on what services are needed. It has empowered the creation of more systemic, multicultural elements in school service delivery, including more multidisciplinary relationships among service providers and families, and conjoint family therapy (Carter & Hernandez, 2020, p. 352).

Nurses, school counselors and school psychologists have been salaried school personnel since the beginning of special service programming in education. Social workers joined school systems around 1975, and family therapists joined school systems as MFT licensure was established across the US in the 1990s. MFTs have provided school-based support for many years and they officially achieved school certification across the US in 2008 (Laundy, 2015).

Despite the presence of mental health services in schools, however, services have

often continued to be delivered through an individualistic “Eurocentric” lens (Carter & Hernandez, 2020, pp. 352 - 353, 356). Constraints to student resiliency and achievement are seen to reside within that student, rather than through illness, poverty or other systemic adverse child experiences. Because of the growth of MTSS services in the past decade, systems trained mental health professionals are now incorporating more family, social and cultural variables into the multi-tiered array of school-based services as schools support them.

Starting in 2019, the AAMFT Family Therapy in Schools Topical Interest Network (TIN) began to identify and highlight innovative clinicians, programs and services that systemically contribute to more successful student learning and achievement. First, the TIN team created bimonthly Zoom workshops to interview leaders across the US who were designing school based mental health initiatives in underserved areas of Wisconsin, Kentucky and California. They highlighted TIN Team leader Eileen Klima, school counselor, school psychologist and MFT from Humboldt County, California; her work will be featured later in this article. Working collaboratively to achieve state certification was another featured Zoom interview with Drs. Ralph Cohen and Kathleen Laundry, TIN Chair, from Central Connecticut State University.

National and international School Based Family Counseling (SBFC) leaders such as Drs. Brian Gerrard, Michael Carter and Emily Hernandez from the Oxford Symposium have also been featured in Zoom workshops. They highlighted systemic school services and programs such as culturally sensitive school-based family meetings, and conjoint family therapy.

In addition, the TIN team publishes bimonthly *Spotlight* Newsletter interviews with school-based clinicians from the mental health disciplines of counseling, family therapy, psychology and social work to highlight their systemic work and the multidisciplinary nature of what they do in schools. The network of the Family Therapy in Schools TIN has grown to over 300 members in the past two years. To accommodate this growth, AAMFT and the TIN team established and maintains a web site and discussion forum for TIN members to address concerns, make connections and share information.

Through these activities and their own experience, The AAMFT Family Therapy in Schools TIN has learned that MFTs are joining with schools and fellow health professionals in three important ways. These are: Through state certification for school-

based practice; through special contracted service delivery to schools; and, through community partnerships among schools and community agencies. The TIN Leadership Team will describe each of these methods for joining with school systems.

State Certification, Contracted Services & Community Partnerships

While systemic support for students has grown since the establishment of Public Law 94-142 in 1975, the federal enactment of No Child Left Behind (NCLB) in 2001 omitted Marriage and Family Therapists (MFTs) from the list of qualified school-based mental health providers (“Family Therapists in Schools,” 2020). Consequently, most states followed suit, developing regulations and endorsements for school-based mental health positions that excluded MFTs. As a result, MFTs have creatively found ways to work within school systems outside of these federal regulations.

In the past two decades, some states have worked to create legislation for state certification and endorsements for school based MFTs. After a 15 year journey, Connecticut was the first such state to enact public school certification (CT Public Law 07-241) for MFTs in 2007 (Laundy, 2015, p. 28). State school certification regulations were written in the following two years, creating a clear set of requirements for licensed MFTs to achieve school certification, including specific learning domains and school-based practicum/internship experience. As currently written, MFT graduate students must complete 2-3 extra courses (6-9 credits) beyond the clinical MFT curriculum to meet requirements for state certification in schools. Post-graduate students wishing to obtain this certificate may also enroll in these required courses.

To date, several other states are working to enact similar certification legislation to promote school based positions for MFTs. However, because each state government has different regulatory bodies for mental health professions and its own licensure and certification requirements, pursuing school MFT certification is taking different routes for MFT professionals and AAMFT divisions across the country (Laundy, Cohen & Bishop, 2013, p. 736). In Vermont, for example, the Agency of Education (AOE) offers an endorsement for “School Based Clinicians.” These positions can be filled by psychologists, social workers, MFTs, or mental health counselors but the state does not specify educational or professional requirements for MFTs (M. Troop, personal communication, July 1, 2020). While requirements and regulations vary state to state, state licensure and school certification offer the benefit of ensuring higher quality of care and collaboration among multidisciplinary members (Laundy, 2015, p. 101).

In the absence of school certification, MFTs and other mental health professionals have made it possible to work with schools through contracted and other collaborative services. Some of these services are offered directly in schools by licensed or certified mental health clinicians, while others are contracted university, agency and private practice partnerships with licensed professionals outside of the school building (Gerrard, 2008, p. 14 and 28-29). In Connecticut, school districts have utilized MFT services through direct contracting or collaborative “sharing” with town youth service bureaus and other social service agencies for many decades (Laundy, Cohen & Bishop, 2013, p.729). Many MFTs have established close working relationships with school administrators, support staff and special education staff through years of multidisciplinary collaboration. These relationships have often resulted in contracted consultation services to school systems, including participation in PPT meetings, involvement in building and implementing appropriate systems of support, and the provision of specialized clinical services for identified students and their families. See the next section for more information about such partnerships.

A third opportunity for MFTs to work within school settings has been through relationships among schools and community agencies, including hospitals and non-profit health clinics. Such partnerships follow various models and formats, but have increasingly taken shape as school-based health centers (SBHCs). Schools have increasingly become the setting where health care needs are first recognized and addressed (Laundy, 2013, p. 741). Since the development of the “medical home” concept in 1967 by the American Academy of Pediatrics (Laundy, 2013, p. 741), a growing number of hospital, community and school-based partnerships across the US have emerged to support student health, well-being and academic success.

The presence of school based health centers has significantly grown in the past two decades. According to data gathered by the Health Resources and Services Administration (HRSA), there are well over 2000 SBHCs nationwide (“School Based Health Centers,” 2017). MFTs are frequently hired into behavioral health positions by these community organizations and placed in school settings. This allows for multidisciplinary teamwork within the SBHC itself, where clinicians work alongside nurses, doctors, dentists and psychiatric providers, as well as within the larger school organization, where clinicians can utilize opportunities to work with teachers, administrators and support staff to improve student success.

The benefits of such contracted services and community partnerships are numerous, including the ability to provide services outside of school hours, both in school and in off site locations, the potential for continuation of services for students and families during school breaks, and access to additional resources and services. However, while many such valuable relationships and programs have been developed, contracted programs are more subject to the threat of termination or alteration when funding ceases and/or school priorities change (Laundy, Cohen & Bishop, 2013, p. 726).

Examples of Clinical Practices from Family Therapy

The spread of systems theory into schools is causing a family-inclusive, multisystemic perspective to allow concepts like mutual responsibility and reciprocal causality to become increasingly accepted. A growing body of cross-disciplinary research has explored the role of family-centered techniques and systemic treatment in students' academic health (Martin, 2013; Taylor, Clayton, & Rowley, 2004), and the role of families in student development and academic achievement has become increasingly apparent (Valdez, Carlson, & Zanger, 2005). For example, Caffery, Erdman, and Cook (2000) state that the interaction between the school and the family must be included any treatment of academic and behavioral problems; without "a collaborative partnership between the two systems" (p. 155), many of the issues underlying school-based difficulties will remain unaddressed.

Family therapy emerged partially as a challenge to the idea that an individual could be removed from its system, treated in isolation, and returned "healed" to its environment (Gurman & Kniskern, 2008). There is growing evidence that the impact of the environment inevitably proves stronger than the "changed" individual, drawing him or her back into previously dysfunctional patterns. Paylo (2011) describes curriculum for training school counselors infused with the basics of Bowen, Minuchin, and de Shazar, suggesting that the use of a family autobiography and a Family Collage might assist school counselors to generate support for a student's academic achievement. Attempts have been made to involve the family in school-based bullying interventions (Butler & Lynn Platt, 2007), and family interventions from structural-strategic, solution-focused, and narrative therapies have been shown to be useful for school-based family counseling (Terry, 2002).

Just as a systemic approach considers the process of change to include the therapist's own relationship with the client system, so too practitioners who integrate

systems thinking into the school have begun to consider how the therapist's own processes impact the system of intervention, whether student, classroom, school, or family. Evans and Carter (1997) state that school-based family counselors need to have resolved their own issues sufficiently to facilitate interactions with families with high levels of conflict. Terry (2002) describes a master's level course, "Family Counseling in Schools," which involves students sharing their past experiences with schools and families and exploring how their professional mission (whether they are driven towards social change or relationship problem-solving) may influence their work. Holcomb-McCoy (2004) emphasizes the need for counselors in the school setting to have done personal family-of-origin work in order to truly understand the systemic perspective.

In alignment with this perspective, a growing body of family therapy literature continues to explore applications of the principles of family theory to the school setting. Over the past 10 years, solution-focused brief therapy (SFBT) has shown potential to reduce students' behavior problems and help them manage intense negative feelings, decrease conduct problems and other externalizing behaviors, improve outcomes for substance abusers, and help students do better academically, as measured, for example, by earning more credits (Kim & Franklin, 2009). Other promising applications of family therapy models to student problems include strategic family therapy (Nelson, 2006), narrative techniques (Butler & Lynn Platt, 2007; Stacks, 2007), and structural principles (Butler & Lynn Platt, 2007). Nelson (2006) applies the "invariant prescription" to the school setting, arguing that school counselors should receive systems training to address problems of hierarchy between parents and children. Terry's (2002) masters level course, "Family Counseling in Schools," teaches the interventions derived from structural-strategic, solution-focused, and narrative models, and part of the course involves exploring how beginning therapists' past experiences with their own schools and families may influence their work. Similarly, Paylo (2011) recommends integrating family systems theory when training school counselors, as a way to both teach school counselors about family systems and uncover their own family-of-origin issues that may impede work with clients.

Although these school-wide applications are promising, perhaps the most powerful impact occurs when MFT theories are applied to a smaller system. One example of a family therapy technique being applied to an entire classroom is the solution-focused Working on What Works (WOWW) program. Developed by Lee Shilts and In Soo Berg in 2002, this model was first applied to urban schools in Florida. According to Kelly,

Kim, and Franklin (2008), two coaches observe a classroom for ten structured weekly sessions. After gathering qualitative data for forty minutes, the coaches provide 15-20 minutes of feedback to the class as a whole. In the WOWW model, only strength-based feedback (i.e., praise) is provided, children are not taken out of the class, and several solution-focused techniques (class goal setting, mid-treatment meeting with teacher, and “noticing cards”) are used (Lloyd, Bruce, & Mackintosh, 2012). The program also includes a vital element of teacher debriefing (Kelly & Bluestone-Miller, 2009). Initial research on the model suggests that the WOWW program improves classroom management (Kelly & Bluestone-Miller, 2009), increases empathy within the classroom setting (Lloyd et al., 2012), and improves class attendance (Wallace, Hai, & Franklin, 2020).

Systems thinking lends itself well to school-based work, so it is no surprise that the field of marriage and family therapy has produced several effective and highly collaborative ways of working within a school setting. With a strong grounding in systemic theory and interventions designed to incorporate multiple people, MFTs and other systemically trained mental health professionals are often able to provide direct, incisive treatment likely to work at a classroom level. The classroom system is large enough to allow quality systemic interventions, but small enough to allow for a single mental health practitioner to make a significant impact. The research on family therapy interventions applied to the classroom is promising. The next step is to expand research and practice to explore the impact of classroom-level interventions on student mental health and academic outcomes.

Other Contracted School-Based Practice Options

While certification standards may vary from one state to another, clinicians are able to work in a school setting through a number of ways, including options for community mental health centers, behavioral health agencies, and private practitioners contracting with a school to provide services to the student population and families. It is likely that even many private practitioners who do not contract with a school have some number of clients who experience school-related problems, as the school is one of the primary avenues for mental health intervention (von der Embse, 2018).

As mentioned previously, states such as Connecticut have a certification available to MFTs in order to seek employment opportunities in the school environment, while other state departments of education do not recognize MFTs yet as one of the primary

mental health providers in schools. The need to address family-related issues in school continues to be a rising concern for many teachers and administrators across the country with increased episodes of school violence, as well as the ongoing presence of divorce, separation, custody issues, and other issues that inundate school campuses across the country. MFTs and other systemically trained clinicians hold a unique set of skills to be able to work with a variety of presenting problems and manage multiple spheres of influence with one identified client (Laundy, 2015). Student internships are often the first place systemic therapists-in-training experience the application of systemic therapy principles outside of the therapy room.

Some graduate students experience school-based work as a part of their internship or practicum course. There are multiple examples of programs utilizing graduate level interns in school settings. Ziffer, Crawford, and Penney-Wietor (2007) utilized graduate students in a school counseling program to identify and help students and their families recovering from parent separation and divorce. Another example is the Systemic Change in Schools and PROMISE programs developed by Anne Rambo in the 2013-2014 school year utilizing graduate level interns to work with at risk youth in the local school district, Broward County School District in Florida (Collins-Ricketts & Rambo, 2015). This program involved graduate interns applying solution-focused brief therapy to youths in school experiencing disciplinary action and other negative events that often lead to referrals to law enforcement and expulsions from school. Through participation in the PROMISE program, student suspensions decreased and school policies changed as a result of the program. Collins-Ricketts and Rambo note the value of applying systemic therapy models to both individualized care (students and families participating in the program) and systemic change within the larger school district.

For states without a school certification, another frequently utilized method of working in a school setting is by contracting between school and behavioral health provider. This often is the result of either a formal request for proposals to develop a partnership with schools, or the result of a provider working with multiple students in a school over time, thus naturally creating a partnership between the two. In one author's experience, the Little Rock School District in Arkansas created a formal contracting process with a district-employed therapist who coordinated mental health efforts across the district. This change came after nearly 15 agencies were working "inside" the school district, and often multiple agencies' staff members were present in a school building at the same time. The increased presence of mental health created a need for more clearly

outlined and integrated policies for practicing school-based mental healthcare.

Clinicians contracting with a school may experience a variety of advantages and disadvantages to this particular arrangement, based upon the particular arrangement of the partnership between the two organizations. Some clinicians employed by an outside behavioral health agency may have a caseload that includes some school-based clients and some clients based at the agency's clinic. This particular arrangement results in the clinician splitting their time between the two locations. While some clinicians may prefer this arrangement, others may identify difficulty fully engaging in the school environment due to the obligations of services scheduled for the agency's office location and school schedules. Stated differently, the need for one person to balance time, schedules, paperwork, and other requirements across two settings can interfere with a clinician's ability to fully engage fully in any one setting. Clinicians may experience a natural pull between the school staff and agency administration and requirements, while also working to maintain client care. Likely most clinicians have the relatable experience of balancing client care against agency requirements, and school involvement can add layers of responsibility, such as participation in school committees, special education meetings, or other events (Fuqua, 2020; Laundry, 2015).

Even MFTs working outside of schools or agencies can collaborate with schools. Several authors of this paper work in a private psychotherapy practice and collaborate with local schools by working with the individual clients' teachers. On a small scale with individual teachers in a school, an MFT's unique systemic training positions the clinician to be able to address the influence the entire school 'system' has on the student's presenting problem. The MFT can serve as a "go between" or moderator for families struggling with school staff. In other situations, school staff may rely upon the MFT to support communication between separated parents or high-conflict families (Fuqua, 2020).

In recent research completed by Dr. Fuqua, TIN Secretary, multiple examples of MFT employment in schools were identified by participants. One example was the option for charter schools or other non-public schools to hire MFTs for school counselor or mental health intervention positions. Freed from the requirement to meet specific qualification and regulatory standards, one grouping of research participants were employed by a group of charter schools in a large metropolitan area in the Southwest United States sought out MFTs to work on their campuses because of the MFTs' systemic training (Fuqua, 2020). Multiple examples provided by research participants

indicated the value of systemic training in their school-based work, which was not limited to the role of the MFT as the client's therapist.

MFTs working in schools may also experience the transition to being a quasi-member of the school staff. Close collaboration between school staff and MFTs working in the school and employed by an outside agency can result in the MFT being a valued member of the school staff. This transition reflects the ability for MFTs to travel between the systems of schools and therapy, and this taking place over time can result in policy changes at the school or district level as MFTs begin to integrate systemic concepts with school operations (Collins-Ricketts & Rambo, 2015; Fuqua, 2020).

Community Partnerships and Advocacy

Schools and communities working together are vital for the success of students in the 21st century, especially during the COVID19 pandemic, changing technology, and the ongoing chaos of the world. Since the formation of the TIN in 2018, members have shared how MFTs, communities, and local schools are working together across the US. Humboldt County has one such grassroots program located in a very isolated and rural part of northern California. Humboldt County is about 100 miles south of the Oregon border. It is a beautiful and scenic area where giant redwood forests meet the Pacific Ocean. Its population of approximately 100,000 is spread across roughly four thousand square miles. There are thirty four different school districts, with some of these districts consisting of a one room schoolhouse.

Humboldt County also ranks Number one in the state of California for suicide rates, drug overdoses, Hepatitis C, and domestic violence. Seventy four percent of the population has an Adverse Childhood Experience (ACE) score of four or more. (Humboldt County Dept.of Public Health, 2018). Recently, the county was featured in a Netflix series called Murder Mountain. This series describes the underground marijuana industry that thrives in the southern part of Humboldt. A few years ago it was noted that the main economy is a marijuana and other drugs economy worth about sixteen billion US dollars (Humboldt County Sheriff Deputy, personal communication, 2016). The school districts are made up of a unique range of families, from well educated children with great home lives to children showing up at school having never seen a crayon, tape or glue. There are families living in the woods, subsisting on roadkill from the local highway. In fact, one student's home chore was to take a rake and gather the fresh roadkill from the night before so that his family could eat. Some of these families have

been living like this for generations.

Recently, Humboldt County received a grant that brings mental health clinicians into the schools. Sadly, the grant provides only one mental health clinician per five thousand students. Another grant provides a mental health clinician from a private agency, access to the schools and students for limited services of six visits per student and only provides services to approximately thirty students. Families need more help, because small rural counties in California like Humboldt are unable to effectively compete for available funding resources. They must compete with large cities like Los Angeles, San Francisco and San Diego for funding resources.

To have school based family counseling be successful and available in Humboldt County Schools, work needs to occur more effectively with the systems that are in place, which includes the schools, the families, the local businesses and community members. They need to direct the time and energy toward working together, without counting on limited outside grant funding or extra monies from somewhere else. There is an ongoing pilot project at Arcata High School (AHS), one of the five main high schools in Humboldt County with approximately 1200 students in grades 9-12, where such community/school systems have worked together and are highlighted in the Family Therapy in Schools TIN workshop series as well as last year's Oxford Symposium.

A six week pilot project was created as a volunteer effort on the part of teachers who donated their time and skills to the success of the program. The purpose was to develop healthy relationships with the at-risk and high risk families of 9th and 10th grade students. Dinner was served on Monday nights to families with whom the school wanted to improve their relationship. The school invited fourteen families, and five families showed up. The dinners were prepared by the culinary class at Arcata High School. School staff and families ate together as one large family unit. The participating school staff role modeled appropriate conversation and appropriate feedback. An English teacher taught different mindfulness activities as the group shared dessert. After dinner, Humboldt State University students majoring in the fields of Psychology, Social Work and Child Development provided childcare for family members younger than high school age. The Marriage and Family Therapy students provided activities and group counseling for the high school students who attended. The Marriage and Family Therapist at the high school worked with the parents in a separate group. At the end of the evening everyone gathered together as one large group and each person was asked to describe in one sentence what the evening was like for them. The evenings were always followed up by

optional family therapy. Four families participated in ongoing family therapy at the school.

A high school aged child of one of the families also works part-time as a student custodian at AHS to help support his family. He attended the dinners, but his mother and step-father were suspicious of the Monday night pilot project. They were homeless and lived in a nearby campground. His mother and stepfather would come to the school parking lot and hang out during the program, but declined to participate at first. The school staff would make a point of greeting them and initiating short, non threatening conversations every week. Eventually, the stepfather came to the doorway of the room where we held our dinners and peeked inside. The next week he came a few steps through the door and watched all of us, but did not want to eat dinner with us. He did not want his son to participate in the mindfulness activities, but he let him participate in the dinner and group activities. The next week, the MFT invited the stepfather and his wife to meet with her. Both the mother and stepfather came to the MFT's office and shared that when this student was younger and living in a large inner-city area, he had been abused by his biological father and eventually joined a gang. He had been present for the murder of one of his friends and had been the target of a drive-by shooting. The student's mom and stepfather relocated to Humboldt County to keep their son safe from rival gangs. The young man had been attending AHS for nine months, and his parents said that this was the most successful their son had ever been at a school. The school staff was excited about establishing trust with this family.

The pilot project has continued to grow at AHS with the assistance of more community members, businesses and students from Humboldt State University getting involved. Many hands working together can help change a family. During this past year, volunteers set up a program to provide food for students and their families who would go without for the weekends and during breaks from the school year. The intent of the project is to develop healthy families through the school and community coming together without the assistance of grant funding. Unfortunately, the AHS pilot project has been on hold due to the COVID19 pandemic, but plans are in place to resume the project as soon as possible.

According to the National Association of School Psychologists (NASP), successful partnerships of the school, and family focus on establishing intentional coordination, consistency, and continuity with family and educators. These conditions are accomplished through joint problem solving, two way communication, and shared

decision-making. Partnerships are integrated into school routines and elevated as a priority for student success and school improvement. Underlying successful partnerships are positive relationships (NASP 2019). The Coalition for Community Schools and NASP state that in order to have the most positive impact on the academic wellness outcomes of students, it is imperative that schools and communities work together through a collaborative and comprehensive approach (NASP, 2016).

Conclusion

The aim of the AAMFT Family Therapy Topical Interest Network Leadership Team is to “connect the School Based Family Counseling dots” that are growing in the U.S. and across the world. To that goal, this paper introduced its activities to the Oxford Symposium during its first two years of operation in the American Association for Marriage and Family Therapy. The TIN Leadership team summarized its inaugural activities, highlighting how MFTs are joining multidisciplinary teams to promote school achievement and resiliency in three ways. This paper outlined how MFTs have joined multidisciplinary mental health colleagues through school certification, contracted initiatives with schools, and through community partnerships to create more systemic and culturally sensitive programs and services for students. The authors explained how they are sharing news about the growth of MFTs on multidisciplinary school teams through bimonthly TIN workshops highlighting national and international school leaders, through a bimonthly Spotlight Newsletter, and through a web site forum for TIN members to communicate with each other.

The authors chose not to focus on the constraints to creating multi-tiered systems of support for students in schools in this paper. Indeed there are many, which is the subject of another paper. But current events in health, education, and culture are providing unique systemic opportunities to promote academic achievement more comprehensively than we systemic thinkers have traditionally had. Schools are where children spend the bulk of their time outside of the home, and schools are where some children are provided their major health care and stable opportunities for learning. There is growing evidence for the value of building systemic resources to boost children’s health and achievement through the development of collaborative, multidisciplinary health care in schools. The AAMFT Family Therapy in Schools Topical Interest Network Team chose to highlight the success of these initiatives in its first two years of operation.

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ABSTRACT

Thunder Valley Community Development Corporation (TVCDC) is located on the Pine Ridge Indian Reservation in South Dakota, United States. It's creation was inspired by a group of spiritual youth and adults who were very spiritually connected to our culture. TVCDC started by bringing a group of young people together to ask what their needs are or what they envision for their community and realizing there were many who needed homes, employment, access to healthy foods, and a need to reinforce Lakota language and values.

TVCDC consists of nine different initiatives that work together to engage the community and enforce our Lakota values. Throughout time, TVCDC has grown to meet many of the needs of our community and has been a very wide resource for our people within our reservation. One of these initiatives is the Youth Leadership Development Initiative (YLDI) which builds upon community strengths to address needs through making cultural traditions, practices, Lakota language, and ceremonies the means of healing and restoration.

THUNDER VALLEY CDC MISSION/VALUES

Thunder Valley Community Development Corporation (CDC) envisions a liberated Lakota nation through our Lakota language, culture and spirituality. We have developed a comprehensive, innovative, and grassroots approach to collaborating with and empowering Lakota youth and families to improve the health, culture and environment of our communities, through the healing and strengthening of cultural identity. Through our nine holistic and comprehensive initiatives, Thunder Valley CDC has designed and is continually building our very own exercise of sovereignty and self-sufficiency. Thunder Valley CDC's values stem from Lakota spiritual and community based roots. We value the idea that sustainable communities must consider social needs, environmental responsibility, and economic vitality. This idea nurtures a vibrant, healthy community that embraces its cultural heritage while also celebrating its role as community, ecosystem, and marketplace. We are producing repeatable, measurable models based on our values that can be utilized by other communities to inspire vital, transformative change. We are defining what equity and liberation look like through a series of grassroots programs and initiatives that target: basic human needs in our community (such as water, food security, housing); community wealth building; holistic well-being and healing (spiritual, mental, emotional and physical); and the desire for a more cohesive, thriving community.

INITIATIVES

Thunder Valley CDC has created an Ecosystem of Opportunity through nine different initiatives: Regenerative Community Development, Workforce Development, Youth Leadership Development, Social Enterprise, Housing and Homeownership, Regional Equity, Lakota Language Revitalization, Food Sovereignty, and an Education (school design and construction) Initiative. We are using these initiatives to impact, and ultimately transform, the systems and structures that have perpetuated the pervasive effects of colonization and oppression for Lakota people, and particularly, on what is now defined as the Pine Ridge Indian Reservation. Thunder Valley CDC has been intentional in our community engagement and capacity building to ensure the vision of liberation and sovereignty that our founders had comes to fruition. We evaluate our programs on their adherence to a sustainable, triple bottom line, which holds people, planet and prosperity in equal standing.

COMMUNITY NEED/PROBLEM

Thunder Valley Community Development Corporation (TVCDC) is located on the Pine Ridge Indian Reservation which is home to about 30,000 Oglala Lakota people. The Reservation has a long history of systemic poverty, 80% of people are unemployed and 50% of the population lives below the federal poverty line. Oglala Lakota County is the second poorest county in the United States. The infant mortality rate is five times the national average, and the rate of diabetes is 4 times the national average. Oglala Lakota County ranked 59th of 60 counties in South Dakota for overall health outcomes in 2017. There is a housing shortage on the reservation, with a need of at least 4,000 new homes. The teen suicide rate for native youth is around 150% higher than the average national population. The most jarring statistic is that there were over 16 youth suicides in 2015. These statistics depict a difficult reality on the Reservation.

Knowing that education is a key component to the long-term success of Lakota youth, the following comparisons are provided to help identify the gap in access to resources that support educational success for Lakota children and their families, leaving them vulnerable to long-term negative outcomes. According to 2013-2017 U.S. Census Data, there are 7,044 youth enrolled in school from Pre-K to college out of around 23,000 residents. There are a total of four high schools and 14 elementary/middle schools on the reservation. One-quarter of the adult population does not have a high school diploma and just 13% percent of Oglala Lakota have undergraduate degrees, versus 24.4% of the general population. Not only are less native youth graduating from high school and then earning a post-secondary degree, the reservation is also lacking in educational attainment compared to national standards. According to the latest 2015-2016 Bureau of Indian Education School Report Card for Little Wound Day School, located in Kyle, South Dakota on the Pine Ridge Reservation, less than 19% of all students were proficient or nearly proficient in english/language arts; and less than 12% were proficient or nearly proficient in math. Across the nation in 2017, Native American youth have a high school graduation rate of 69% compared to the national average of 90%. However, to more accurately depict the youth on Pine Ridge Reservation, only 53% of students from BIE funded schools graduate from high school.

Faced with geographic isolation, educational barriers, minimal employment and limited access to extracurricular activities, youth have an increased risk of suicide,

depression, alcohol abuse, substance abuse and criminal activity. Along with being disproportionately overrepresented in the criminal justice system, many Native American youth are overwhelmingly faced with systemic and infrastructural injustices such as overcrowded homes, unhealthy foods, low performing schools, and parents that are unemployed. These are the needs we aim to address with our preliminary Youth Leadership Development Initiative (YLDI) and pilot programs. Lakota youth on the reservation lack the opportunity to learn how to manage their daily lives and build protective factors preparing them for a successful life in our society. These protective factors and life skills are often acquired through employment, training opportunities, and extracurricular activities that are necessary to promote positive self-image and leadership development.

PROPOSED SOLUTION

Through our multi-faceted, holistic approach to youth empowerment, Thunder Valley's YLDI aims to reverse the lasting effects of colonization and poverty in our youth through: positive youth leadership development; language & culture acquisition; traditional & contemporary recreation/ physical activity; and peer and adult mentoring.

Thunder Valley CDC was born out of a realization that systemic poverty on the reservation is most impacting youth. We also realized that youth were turning to traditional Lakota culture and spirituality as a way to change the difficult realities they were faced with. Local Youth wanted an opportunity to envision a new kind of future so they turned to the Sundance as a place of strength and prayer. Thunder Valley CDC therefore began as an organization that empowers Lakota youth by hosting youth leadership development and entrepreneurship opportunities and opportunities to connect to culture and spirituality. We felt that while these endeavors were valuable to youth we needed to do more. When these children returned home from the program, they were still faced with systemic and infrastructural injustices such as overcrowded homes, unhealthy foods, low performing schools, and having parents that were unemployed and addicted to substances. We decided that we could not solely focus on youth development and entrepreneurship in a vacuum, rather it would require a place-based systems approach to impact the deep rooted realities on the reservation.

We believe our community's strongest asset is our youth, therefore, we need to invest in their future by building their leadership skills to ensure the success and wellbeing of our communities. Half of the population is under the age of 25 which to Thunder Valley CDC is a huge asset to changing the harsh realities we live in, it is an opportunity to leverage assets such as traditional values and culture. Throughout our YLDI programs outlined below, we seek to grow and nurture skills in youth that make them productive, healthy, and "well-rounded" members of our Lakota nation. These skills include personal goal setting, self-determination, intrinsic motivation, developing cultural identity, resiliency, post-high school readiness, and critical thinking. Through a variety of programs, our YLDI will provide access to a multitude of opportunities for our youth including, internships, positive adult and peer mentorships, recreational activities, and traditional cultural activities/knowledge. At Thunder Valley, we truly believe that strengthening self-identity and using Lakota culture as our main prevention tool is the answer to the issues we are struggling with the most among our youth population.

With these initiatives, our mission is to empower Lakota youth and increase self confidence and quality of life on the Pine Ridge Reservation. The YLDI seeks to create and cultivate opportunities for Lakota youth that enhance leadership skills, promote personal and community wellbeing, and sustain culture and spirituality. Throughout all of our initiatives, we take a multigenerational approach to building community health & wellness by involving all ages of people in the community because we feel that all family members should be involved in the process to make a longer lasting change in the community. We encourage physical fitness including contemporary sports and traditional activities, positive social-emotional health, and Lakota spirituality in our youth. In short, our YLI ideas include, youth leadership & internship programs, cultural camps, mentoring, traditional/contemporary recreational/physical activities, youth council, and after school programs to remediate these pervasive, systemic injustices and prevent youth from falling into self destructive patterns and eventually the criminal justice system.

CURRENT YOUTH LEADERSHIP IMPACT

Youth Leadership Development Initiative is a program that pursues a multifaceted strategy to empower youth and increase their self confidence and quality of life on the Pine Ridge Reservation. We connect youth and families to learn the Lakota language, practice traditional food sovereignty, and promote and host safe, healthy, physically active community activities. This approach encourages social connectedness and physical health, decreasing the rates of depression, suicide, and obesity. Since 2015, the YLDI has impacted over 300 youth, including employing over 70 youth, in the community doing various roles. Our YLDI started with a 6-8 week summer youth leadership program on site in collaboration with our Food Sovereignty Initiative. Around 25 youth were employed in the summer to learn about food sovereignty and work in the garden on our demonstration farm, plant trees, building chicken coops, and other gardening activities. This summer program has since evolved to include not only food sovereignty and gardening but also financial literacy classes and community service projects in various communities. Our summer youth have planned and organized numerous free events for the community from glow run/walks to volunteering at our local native nursing home.

Additionally, in partnership with Red Cloud School, we have employed 8-10 high school mentors throughout the summers and school year in our Lakhotiya Skinciyapi (being active through Lakota language) program. These student-athletes are role models in the community and serve as mentors who teach, guide, and coach younger kids in activities from nature hikes to sports camps. All of the mentors who have participated in this program have graduated high school and gone on to college. Most of them participate in college level athletic programs. As we move forward in this work, we aim to expand to a year-round program that utilizes a holistic approach to youth healing and development. Below is an outline detailing our current YLDI programs.

UNIQUE YOUTH LEADERSHIP PROGRAMS/INITIATIVES

We have evolved into offering three separate summer opportunities for youth. Firstly, the High School Summer Leadership Academy is designed for 9th-12th graders who want to develop and pursue additional educational and leadership skills. The academy will utilize various strategies including the use of curriculum on critical thinking and leadership skill development. We will also take youth from the leadership academy

on a sacred site visit and invite community leaders to lead discussions around culture and key community issues. At the end of the three week program, participants will have learned about various topics including: climate change, tribal government and politics, and community organizing.

Secondly, we host a High School Summer Internship created for 9th-12th grade students who want hands on experience in the following career tracks: Communications & Media, Information Technology, Administrative & Office Management, Fundraising & Community Organizing, Finance & Business, Facility Management, Property Management, Homeownership, Food Sovereignty, Regenerative Community Development, Lakota Language, Workforce Development, and Youth Leadership Development/Mentoring. Thunder Valley CDC is the internship site with our various staff utilizing their strong unique skill sets serving as supervisors and mentors for the students during this intensive learning opportunity. Each internship supervisor develops goals with their intern that can then be measured at the end of the summer internship experience.

Thirdly, we host a one-week Middle School Cultural Camp designed for 5th-8th graders. Our goals are to increase their cultural knowledge in the areas of traditional foods, art, history, ceremonies, customs, and beliefs. Strategies include: taking the youth on a camping trip in the Sacred Black Hills and traveling to sacred sites with respected cultural leaders who will share oral histories and knowledge. Additionally, the participants in this program have access to positive adult and peer relationships while building a stronger skill set as mentioned.

In addition to summer opportunities we have two year around initiatives called Lakhotiya Škiŋčiyapi ("Being Active through Lakota Language") and the WWHY Girls Society. Lakhotiya Skinciyapi is a year around youth program that is designed to increase physical activity and improve self-identity on the Pine Ridge Reservation, an area that suffers from a high rate of obesity and diabetes, in addition to problems that accompany low self-esteem. To combat the latter concern, the community has recognized the need for programs that improve language proficiency and self-awareness of Lakota youth using the Lakota language as the means of instruction. This initiative builds on community and individual strengths and develops youth leadership by providing a cultural connection with the Lakota language and physical/ health education. Attendees will learn life skills through the expression of the body and the voice of the Lakota language. Participants will learn the value of not just their heritage language, but also self-empowerment and the worth of essential life skills such as focus, self-control, perspective, communication, critical thinking, taking challenges, and engaged learning. They will also learn about how the *ehaŋni Lakhol wičhouŋ* – the traditional Lakota lifestyle – was intrinsically bound with physical activity and exertion. The primary goal for this program is to increase physical activity and improve self-awareness of Lakota youth, using the Lakota language as the means of transmission. Specifically, Lakhotiya Škiŋčiyapi will involve taking high school students to help mentor elementary and middle school children through athletics and health training. In preparation, mentors will be taught the necessary Lakota language vocabulary, as well as athletic and health information. They will then help pass on this knowledge to the younger students. All children will demonstrate competence in fundamental motor skills and selected combinations of team sports skills. They will identify basic health-related fitness

concepts using appropriate Lakota vocabulary and thought processes. The mentors and students will exhibit acceptance of self and others in physical activities and identify the benefits of a physically active lifestyle using the Lakota language.

The WHY Girl Society is a more recently developed year around initiative or program. The goal is to strengthen identity, empower, and educate girls on the Pine Ridge Reservation. The society will meet regularly and will strive to be a safe and consistent place for girls to express themselves, have fun, gain support and confidence, practice Lakota culture and spirituality, and learn valuable life skills. The Girl Society is meant to provide mentorship and prepare girls for life challenges and traditional Lakota womanhood ceremonies. Establishing the Pine Ridge Girl's Society will address the downward spiral of young women and create a better reality of womanhood. Participants will be recruited between the ages of 10-14 years old. Some older girls between the ages of 15-19 who will serve as peer group mentors, thus embracing the Lakota value of kinship. Using a girl-centered and culturally relevant curriculum, the participants will learn from healthy, female, adult facilitators and guest speakers. They will also enjoy experiential trips visiting sacred sites and participating in ceremonies.

PROGRAM SUCCESS/EVALUATION

Thunder Valley CDC has developed an Impact Measurement and Evaluation System to ensure success of its programs and initiatives. The system is a complex and multi-faceted system, established to measure TVCDC's impact at the employee, program, organization, and community levels' and abroad through various spaces: in the home; on the jobsite; in tribal, state, and federal political arenas; among funding sources; and more. In other words, the System is tailored to measure impact from the individual to the system-level—the entirety of TVCDC's Ecosystem of Opportunity.

Evaluative in nature, the System is wholly connected to TVCDC's mission statement, overarching messaging points, strategic directions, and theory of change. Therefore, employees, departments, programs, initiatives, and TVCDC as a whole are evaluated through the System. Through evaluation, TVCDC can reaffirm our efforts or make informed strategic internal and external changes—changes to nourish the ever-changing needs and goals of an ecosystem where opportunity can flourish. Ultimately, the system will offer strategies and tools for other communities to replicate for their own Ecosystems of Opportunity.

The System is composed of forms that document successes including: knowledge growth, habit change, change in health and wellbeing, funding acceptances, collaborations, overall goal achievement, and more. The forms allow for assessments to be made through time, thus providing TVCDC with the ability to evaluate the Ecosystem of Opportunity as it evolves.

All Initiative Directors utilize the Programs and Initiatives Evaluations as well as the General Assessments. Some forms are filled out weekly, while others are filled out on a quarterly or annual basis. Other forms such as Outreach Event Tracking or forms created to collect data after a participant has completed a program are contingent on a specific occurrence in time as well. Other forms are time specific; some surveys for example are filled out yearly, while other forms were created to collect data after a participant completes a program. We work with Sweetgrass Consulting LLC as our outside

evaluator. Also, we have a Director of Evaluation that works with each Initiative Director on a weekly basis to ensure that data is being entered into the System (Salesforce).

In addition to our internal evaluation and measurement systems in place, we have identified the following outcomes and measures for each of the four following major YLDI initiatives/goals which will determine our success throughout each program previously outlined:

MENTAL HEALTH PREVENTION

The Reservation has a long history of genocide, racism, and historical trauma. Faced with geographic isolation, minimal employment and limited access to extracurricular activities, youth have an increased risk of suicide, depression, alcohol abuse, substance abuse and criminal activity. Along with being disproportionately overrepresented in the criminal justice system, many Native American youth are overwhelmingly faced with systemic and infrastructural injustices such as overcrowded homes, unhealthy foods, low performing schools, and parents that are unemployed. There are many difficulties that our community faces on the reservation and it is our goal in the YLDI to make sure that the youth will always have opportunities to escape their own realities. We know that it is important to make sure that the individual lives of our youth are healthy and taken care of. Especially during this time of social distancing and being away from normal routines; it could bring sadness while having to be isolated. As shared in the SBFC chapter one, it is common for youth to have problems at home and to be recruited for counseling. (pg. 3). On the reservation, it is common for our children and/or youth to come from unstable or unsupportive backgrounds. It is our goal at TVCDC in the YLDI to make sure that youth throughout the reservation understand that we are an open armed source to be there for them if and when it is needed.

There are various programs, camps, mentoring, activities, events, etc. that we bring to the community so that our youth and community members have the opportunities to access different experiences. It is within our Lakota virtues and beliefs to always take care of one another and to be there for one another when times are difficult. TVCDC aims to make sure that our reservation has various opportunities and resources so that our people and youth will always have access to help, guidance, or work whenever it is needed.

The work that is done in the YLDI is based solely on the youth. Throughout the years it has formed into a very popular and important initiative as it focuses directly on the future generations. At this time in their lives we believe that it is important to give them opportunities to explore, create, compete, share, and learn as they grow. We want it to be a place that our youth enjoy coming to and also a place where they will gain knowledge and experience positivity.

COVID-19 PANDEMIC RESPONSE

During this current COVID-19 pandemic; social distancing, virtual learning, virtual involvement, and engagement through social media. It has been a very difficult process as we are trying to make sure our youth are safe. As suicide is a big problem within our communities, social distancing has been difficult for many of our people. It is hard for many people to not be in their normal routines and it could cause sadness,

depression, isolation, and not wanting to reach out for help. It is important for us to get our resources out to the reservation so that we can provide for them what we can. Usually when they would go to school, attend events, work, camps, tournaments, etc. it was a break from their own realities and since COVID-19 has come into play, none of this has been possible.

All of our programs have been cut from in person contact with the community. We have purchased activity kits that are filled with outdoor activities to encourage physical fitness. We have also started a Pen Pal program within our WWHY girls society. Women throughout the reservation were interested in being mentors for young girls who may need the guidance or assistance. This is a chance for our young girls who are forming into ladies to have someone to reach out to and depend on when they are having a difficult time. Additionally, we had to switch to a virtual High School Leadership Academy.

COVID-19 has been a life changing experience for our development but we are learning to adapt and make sure that our community along with our staff are safe and their mental health is always taken care of. The Youth Leadership Initiative Director is also a Social worker and has her share of experience in helping youth along with her work at TVCDC. She aims to make sure that everyone is always taken care of and that our youth always have something to look forward to at the end of the day. It is our goal together to make sure to continue to provide guidance, prayer, assistance, and wellness to our community members.

SCHOOL BASED FAMILY COUNSELING META-MODEL

Our Youth Leadership Initiative at Thunder valley CDC is an innovative, culturally appropriate, community based approach which fits into the SBFC meta-model in various ways. According to the SBFC model, a counseling approach should be integrative of the child, family, school and community. At Thunder Valley CDC, the entire educational approach is a community based program thus involving the individual, family and community members in a community setting. In addition, the approach is comprehensive and addresses the needs of youth and mental health through a holistic effort including the physical, social, and spiritual well-being of the individual and entire community. In conjunction with the SBFC, Thunder Valley programs are systems based, strength based, supportive of parent involvement/partnership, and culturally appropriate for Lakota youth.

Thunder Valley CDC is a comprehensive community-based program. It addresses the educational needs of Lakota children and youth through community sponsored educational programs that teach critical thinking such as the Summer Youth Leadership Academy. It strengthens family and community relationships by providing a variety of opportunities for youth and families to be involved. Youth isolation is addressed by the Lakotiya Skinciyapi mentoring program and other opportunities in which elders or community members engage with youth. A huge healing component of Thunder Valley's programs are that culture is prevention and the mechanism in which healing takes place. Through these programs, individual youth learn and grow thus producing a ripple effect in the family and for future generations and eventually making positive changes in the community.

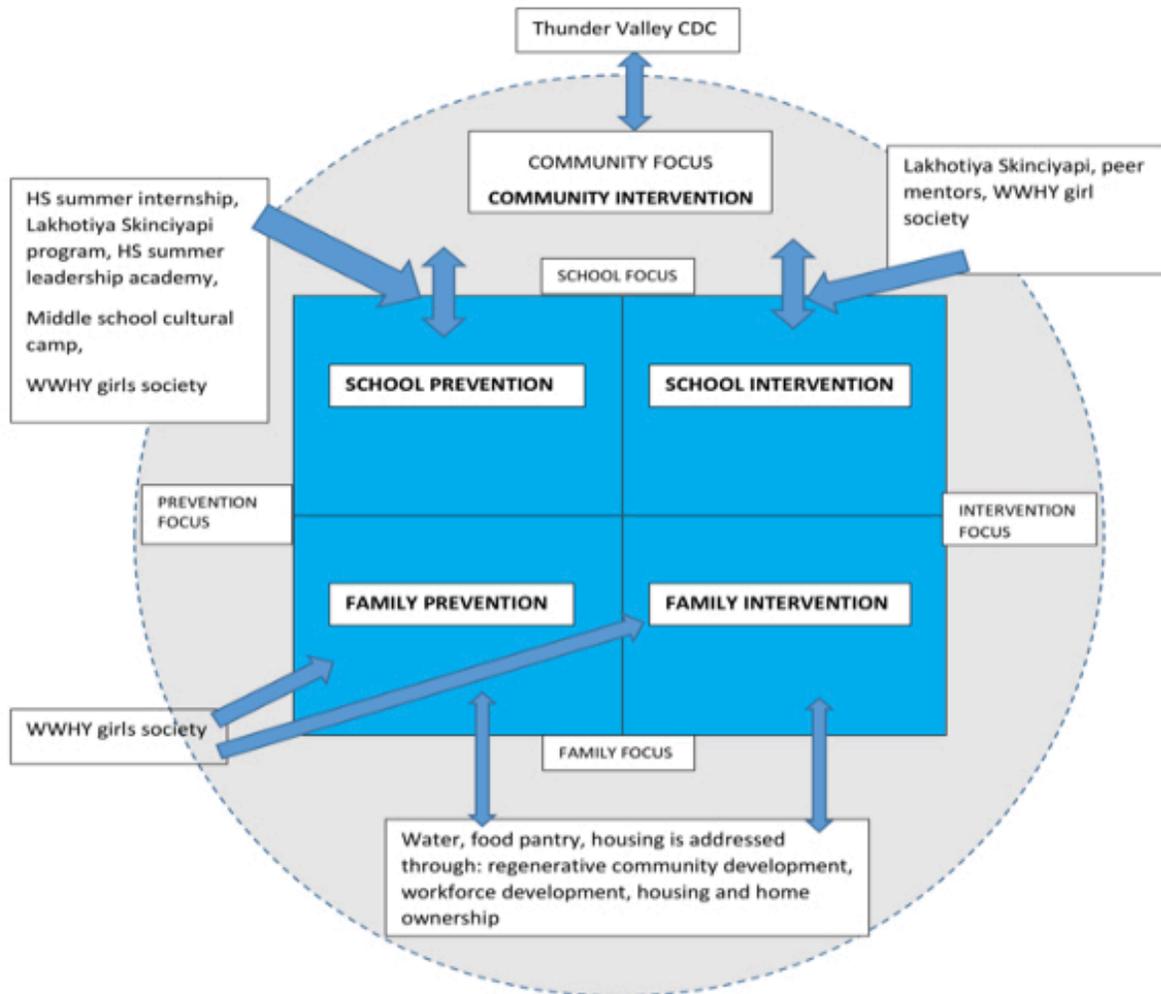


Figure 1: The SBFC Meta-model

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Presentations for Saturday - August 8, 2020:

How covert aggression contributes to the power imbalance experienced by children who are bullied.

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Abstract

Study focus. In bullying research, the term covert has been used to contrast relational acts of aggression with physical and verbal aggression. In Australia, children have described covert aggression as that which is deliberately hidden from adults. This has implications for adults who care for children in schools.

Question and assumptions. We explored children's experience of the power imbalance associated with covert bullying, using a systems framework. Bullying was defined as aggression that is repeated in a relationship of power imbalance.

Method. In a mixed-methods study, thematic analysis of focus group discussion with children from one school (n=22, ages 9-11) identified factors that influence power imbalance. Results informed the design and validation of two measurement instruments with children from four schools (n=337, ages 8-12). Structural equation modelling was used. Instruments measured: peer related aspects of power imbalance; children's experience of teacher support after reporting aggression.

Findings. Factors that influenced power imbalance included peer valued characteristics, popularity, friendship, social exclusion, and secrets from the teacher. Adults did not always see that children were bullying others or being bullied. Some children who reported bullying were overlooked, their experience of harm dismissed by the teacher; other children who felt heard by the teacher were excluded by peers.

Discussion. Implications for school-based family counseling relate to intervention within a systems model to promote cultural patterns that support acceptance, belonging and resilience.

Keywords. School bullying, covert, power imbalance, teacher.

Background

Children's development is shaped within social systems of care (Maggi et al., 2005). When children encounter difficulties they learn within a supportive environment. When surrounded by protective systems of care, most children develop resilience and learn how to adapt to new situations. Over time they gain an increasing influence over their own development and on their social and physical environment. Through this influence, the benefit of nurturing care can extend through generations (Bronfenbrenner & Morris, 2006). Not all children experience consistent nurturing care; this can reduce their capacity to adapt and thrive in challenging environments. One challenge faced by school-aged children is that of bullying, defined as aggression that is repeated in a relationship of

power imbalance (Nelson, Kendall, et al., 2019b). Children who are bullied will ideally receive support from peers and adults at school, helping them to learn resilience and to overcome adversity. This article reports the results of a study that investigated the experience of children who reported bullying to an adult at school. First the research framework of developmental systems theory is introduced (Bronfenbrenner & Morris, 2006). This framework was used because bullying occurs in relationships that are perpetuated within the context of different socioecological systems.

Nurturing relationships are central to development, beginning with children's first attachment relationships (Maggi et al., 2005). These relationships are shaped within wider systems of care. Family, school, community, policy, and history each represent systems that influence development (Bronfenbrenner & Morris, 2006). Within this developmental systems framework, biological and social development is shaped as children interact with their environment. Experience relates to the feelings or emotions that motivate children, including anticipation and belief, hope or doubt (Bronfenbrenner & Morris, 2006). Through their experience children increasingly become agents of their own development, and of the development of others. For example, at school they may influence or be influenced by peers, teachers, and pastoral care workers. This model of development therefore recognizes the interactions between the effect of the environment on the child and the increasing effect of the child on the environment (Bronfenbrenner & Morris, 2006). Underlying this are the opportunities that occur for growth during sensitive periods of neurobiological and cognitive development.

Children's evaluation of "who I am" at age five to seven tends to be more positive than in the following years. At age eight, children's cognitive capacity for self-reflection increases, and they increasingly compare themselves with others to evaluate their own self-worth (Eccles, 1999). This has been shown in neuroimaging studies that mapped brain activity as children responded to scenarios that evoked emotion; from eight years of age children's emotions were strongly reflected in their own self-appraisal (Pfeifer & Peake, 2012). Children's sense of identity is progressively framed within their relationships with peers through the questions "what do others think about me" and "where do I fit in" (Pfeifer & Peake, 2012, p. 56). They seek to be accepted by peers, placing worth on qualities that are valued by peers and on belonging within the group (Burns et al., 2008). At this age bullying increases as some children intentionally harm others in an attempt to gain social status and belonging (Cross et al., 2009). In Australia, children have described the harm of covert bullying, defined as bullying that is intentionally hidden from adults (Cross et al., 2009).

Within the context of relational developmental systems theory it is understood that children are most likely to thrive within systems that promote nurturing care. The capacity for families, schools, and communities to support children is influenced by policy, beliefs, and values promoted at school, state, national, and international levels. Perhaps the most overarching policy is the right of each child to be heard (UNICEF, 1989). This seemingly simple and fundamental right is met within layers of complexity. For example, covert bullying is hidden from the adults who children might turn to for help (Cross et al., 2009). This is consistent with the self-reported behavior of children aged 10 to 13 years in Australia; children who bullied others sought to do so in front of peers to gain status and a feeling of being respected, and denied their bullying behavior to adults to achieve an enhanced reputation (Houghton et al., 2012). Similarly, teachers have

been unable to correctly identify students who were bullied (Oldenburg et al., 2016), or have attributed responsibility for bullying to the student who was bullied (Byers et al., 2011).

By intentionally hiding the behavior from those who can intervene, children who bully others limit the opportunity for the bullied child to be heard by someone who can provide emotional support. This increases the helplessness and isolation felt by bullied children (Byers et al., 2011). Through meta analyses and longitudinal research, school bullying has been associated with loneliness, anxiety, depression, and diminished school performance (Baly et al., 2014; Lereya et al., 2015; Ttofi et al., 2014). These are related to the neurobiological response associated with unresolved stress (McEwen & Gianaros, 2010). In contrast, emotional support provided by an adult at school may promote resilience, defined as achieving a positive outcome in an adverse environment (McEwen & Gianaros, 2010; Oberle et al., 2014). This article presents an overview of a research project in Western Australia to understand children's experience of power imbalance associated with covert bullying.

Question and assumptions.

We explored children's perception of factors that influence or protect against the power imbalance in bullying, including covert aggression, defined as aggression that is intentionally hidden from adults. We anticipated that covert aggression would increase children's experience of power imbalance by limiting their access to secure relationships, including those with their teacher.

Methods

In a mixed-methods study, thematic analysis of focus group discussion with children from one school (n=22, ages 9-11) identified factors that influenced children's experience of power imbalance related to bullying. Focus groups were held in June 2015. The qualitative method and results are reported elsewhere (Nelson, Burns, et al., 2019; Nelson et al., 2018). Results informed the design of two measurement instruments, each was assessed for face validity by children who participated in the focus groups, and for content validity by expert reviewers. The psychometric fit of each measurement instrument was validated with children from four schools (n=337, ages 8-12) using a method of structural equation modelling in statistical software MPlus version 7 (Muthén & Muthén, 2015). Goodness of model fit was reported by normed chi-square <3, CFI > .90, RMSEA < .08. Factor loadings of .55 or higher were considered good, and above .32 adequate. Items were free to cross load onto other factors, in this way helping to explain some of the latent or hidden influences on children's experience of teacher support (Marsh et al., 2011). The statistical method and results are reported in detail elsewhere (Nelson, Kendall, et al., 2019a, 2019b). Ethics approval was obtained from the Curtin University Human Research Ethics Committee (RDHS-38-15) with governance granted from each school.

Findings

Findings of this study are reported in detail elsewhere and summarised in this section, beginning with qualitative findings. Factors that influenced power imbalance included *peer valued characteristics, popularity, friendship, social exclusion, and secrets from the teacher*. When asked who was likely to bully other children a grade 4 girl replied, "people who are really smart and pretty and popular, so they just bully the people who

aren't, because they are the people who are easy to get" (Nelson, Burns, et al., 2019, p. 6). Children in all grades (n=22) identified that children are bullied for "how they look," or for not having "what everyone else has," this included smart phones, electronic games, clothing or shoes (Nelson, Burns, et al., 2019, p. 6). Possession of these characteristics afforded some protection from bullying, as did athleticism.

Friendship could contribute to, or protect from, bullying. The attribution of friendship as an influence on bullying was in relation to children's attempt to gain popularity or status. Girls and boys from each grade spoke of harm perpetrated by friends through gossip or misplaced trust. An example was given of a girl who developed a trusting friendship with a popular child and then misused the friendship to gain status: "When they do become best friends the faker ... just tells some rumours to get that person down the bottom of the popular list and they just say 'oh, get it, I'm the most popular person here' " (grade 5 girl) (Nelson, Burns, et al., 2019, p. 8). This was also spoken of by grade 6 children, "They might like, put one of their friends under the bus, so they like might tell one of their friends like most valuable secret to the popular group and that might like just get them in" (grade 6 girl) (Nelson, Burns, et al., 2019, p. 9) "It's just a way they try and win and be on the top" (grade 6 boy). Many ascribed this to the power of the peer group or of the most powerful child in the group, "I think lots of people bully one person, so then the people that have got lots of people on their side, um, they all agree with the person that's being the big bully and so then the person that's by them-self can't really do anything till he gets, or they get, someone on their side" (grade 4 boy) (Nelson et al., 2018, p. 285).

Having someone who was on their side, a friend who would "stand up for them" offered protection from the experience of power imbalance, as did having a friend who would tell the teacher (Nelson et al., 2018, p. 287). However, friends did not always choose to support the bullied child in telling the teacher, and some children were rejected by friends after telling: "they might give you nasty looks and not be your friend anymore and cannot be your friend" (grade 5 girl) (Nelson et al., 2018, p. 286). Children from each grade equated bullying with loneliness and isolation, as described by a grade 4 girl "Bullying, bullying is a way to bring someone's self-esteem down and make them feel bad about themselves. Take away all their friends and feel like there's nobody with them" (Nelson et al., 2018, p. 284). This was spoken of in the context of being alone with no help to resolve the situation, including friends or staff. One grade 6 girl spoke of her experience "at my old school with my teacher and kids I got bullied" (Nelson et al., 2018, p. 286). At her new school this girl had received emotional support and overcome the experience of power imbalance to actively defend children who were bullied.

The theme *secrets from the teacher*, overlapped with a peer-valued characteristic of being smart. Children spoke of being bullied because they were *smart in schoolwork* or talented. Alternatively, some spoke of being "put down" by children who were academically talented. The word smart was not only related to academic ability; smart children could have the skills to stand up to an aggressor with "good comebacks." Alternatively, smart children might "get away with bullying," by telling lies to the teacher, or because the teacher would not expect these children to bully others (Nelson, Burns, et al., 2019, p. 7). Some children who reported bullying to an adult at school or at home were overlooked; their experience of harm dismissed. Adults did not always see that children were bullying others or being bullied as discussed by children in grade 6:

“Whenever he did something wrong he would blame it on me, and he would always tell rumours” (grade 6 boy); and “(Teachers) ignore me like it was my fault” (grade 6 girl) (Nelson et al., 2018, p. 286). Children in each grade reported similar experiences of being overlooked, or even blamed for the bullying when they them-self had been the one to experience harm.

Qualitative results informed the development of two surveys, the Scale of Perceived Power Imbalance (SPPI) and the Student Experience of Teacher Support Scale (SETSS). The surveys were included in a questionnaire completed by children from four schools (n=337). The 8-item SPPI was answered by children who reported victimization by the Adolescent Peer Relations Instrument, a survey that has demonstrated reliability and validity in Australian primary schools (Parada, 2000). The SPPI was displayed in the online survey if children reported frequent physical and verbal (overt) victimization (n=146) or frequent social victimization (n=127). Confirmatory factor analysis resulted in two factors, *social power* and *physical power*. The model demonstrated adequate fit when answered in response to children’s experience of overt victimization (normed chi-square 1.96, RMSEA .081, CFI .906); factor loadings for *social power* ranged from “really clever” (.353) to “in the most popular group” (.894), and for *physical power* from “older than you” (.475) to “tougher than you” (.941). Model fit was adequate in response to children’s report of social victimization (normed chi-square 1.2, RMSEA .04, CFI .993). Factor loadings for *social power* ranged from “really clever” (.419) to “in the most popular group” (.790), and for *physical power* from “older than you” (.646) to “tougher than you” (.974) (Nelson, Kendall, et al., 2019b, p. 7). The two most frequently answered questions did not load onto either factor; “being good at sport,” and “trying to be more popular” (see Figure 1).

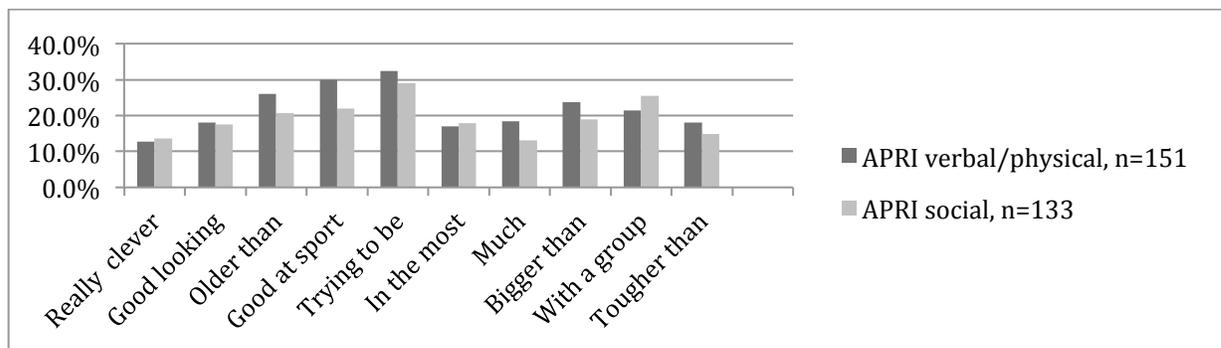


Figure 1. Children who answered “yes” to experiencing victimization by the Adolescent Peer Relations Instrument and subsequently reported an experience of power imbalance.

The 12-item SETSS was displayed to children who answered “yes” to a stem question that they had told a teacher when another student had been mean “to you or someone else” on purpose (n=230). A 2-factor model resulted, *student experience* and *heard* (Nelson, Kendall, et al., 2019a). Modification indices were reviewed and question 4 “the teacher helped me” was allowed to covary with question 9 “my friends excluded me because I told the teacher.” The resulting model fit was acceptable (normed chi-square 2.07, RMSEA .068, CFI .927). Factor loadings are shown in Figure 2, as is the covariance between questions 4 and 9.

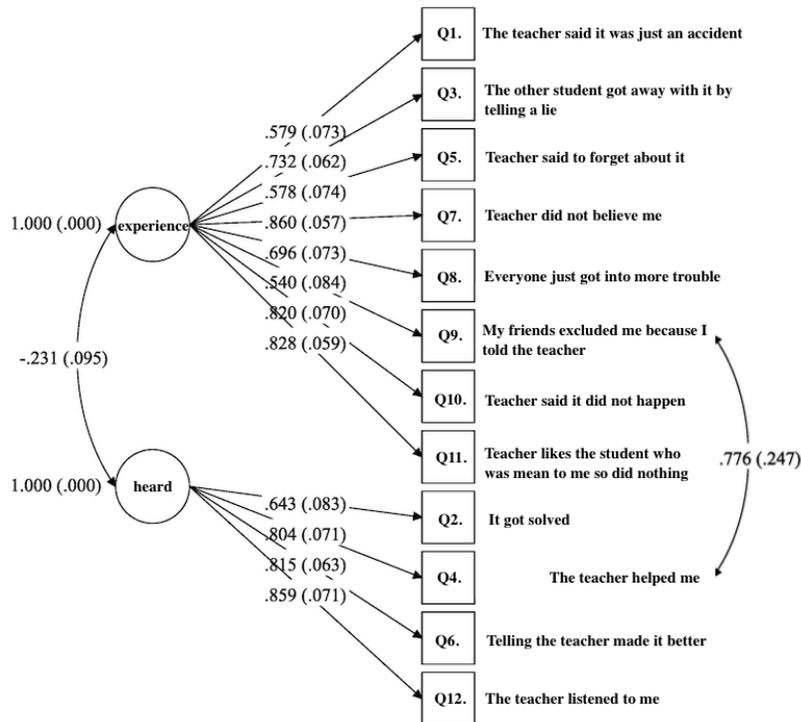


Figure 2. The curved arrow on the left shows the correlation between each factor of the SETSS. The straight arrows show the factor loadings, and the curved arrow on the right shows the covariance between questions 4 and 9.

Discussion

This research adds to understanding children’s experience of power imbalance associated with aggression and bullying that is intentionally hidden from adults at school. Discussion of the implications for children incorporates the focus group themes of *peer valued characteristics, popularity, friendship, social exclusion, and secrets from the teacher*.

Bullying can be shrewd, targeted at children who are seen to be different and do not have the characteristics that others value. Peer-valued characteristics are consistently found to include appearance, athleticism, and possessions (Green et al., 2013; Thornberg, 2018; Vaillancourt & Hymel, 2006). However, peer-valued characteristics are neutral, as demonstrated in focus groups they can influence or protect against children’s experience of power imbalance. Power imbalance was promoted when children abused the status attributed to them because they possessed these characteristics (Nelson, Burns, et al., 2019). Status is attributed to others according to the cultural norms that influence how worth and value are ascribed (Bronfenbrenner & Morris, 2006; Thornberg, 2018). Within these cultural norms are layers of social complexity. For example, Thornberg (2018) found that while girls who were obese were bullied, boys who were obese but also physically strong and assertive were not bullied. Similarly, in our research, peer valued characteristics of good looking did not consistently load onto a factor representing experienced power imbalance, whereas being “tougher than you” did. This complexity within the attribution of worth and value may mask teacher awareness of power imbalance and bullying, and teachers may dismiss children who report bullying (Thornberg, 2018). Just as peer valued characteristics are neutral, so is power – it can be

used for good or harm. The challenge to leaders and policy makers is to promote a culture in which power is harnessed for good, in which the whole school promotes respect for the dignity and worth of each person.

School cultures reflect societal values, these include social confidence and reputation. In understanding these norms we may understand some factors that contribute to children's experience of power imbalance. Teachers have attributed bullying to the bad manners of the children who bully others (Thornberg, 2018), or to the individual characteristics of children who are bullied, including appearance or lack of confidence (Rosen et al., 2017). By attributing blame to the characteristics of the bullied child, teachers may validate bullying (Migliaccio, 2015). For example, a grade 6 girl who did not distinguish between the teacher and children at her old school when telling her history of being bullied, "at my old school with my teacher and kids I got bullied" (Nelson et al., 2018, p. 286). Attribution of bullying to the manners of a child who bullies, or the nature of a child who is bullied, suggests that teachers are unaware of how power imbalance within bullying relationships can isolate children and interfere with their capacity for emotional adjustment (Kaufman et al., 2020). In school practice, the attribution of bullying to children's individual characteristics blinds others to the goal directedness of bullying, and hinders our understanding of how to lessen the harm of bullying (Kaufman et al., 2020; Thornberg, 2018).

The goal-directed use of social power may be consistent with the use of the word "smart" by children in the focus groups in our study, for example, in being able to deceive the teacher by telling lies. Children associated being smart with manipulation of others to achieve personal goals of social dominance (Nelson et al., 2018). This is consistent with research findings that some socially clever children manipulate peers through the strategic use of intimacy and social isolation (Kiefer & Wang, 2016; Vaillancourt & Hymel, 2006). In our focus groups many children spoke of the harm experienced as friends used a process of intimacy, lies, and social isolation to achieve a goal of social dominance. Children who were bullied experienced power imbalance as an inability to make change without help. But help is not easy to find in an environment where others are being cleverly manipulated, where peers feel unable to help because of a group based power dynamic, or where teachers are unaware of the unequal power structure. In a qualitative study, Rosen et al. (2017) asked teachers what advice they would give to victimized students; some answered that students should find support from peers because "there's power in numbers" (p. 133). The difficulty with this response is that children who use social manipulation to unite the peer group recognize the power in numbers, and use this power against the bullied child. Children who have social power may also be clever at intentionally hiding aggressive behavior from adults, and may even be regarded positively by teachers (Hawley, 2003). Teachers may not recognize bullying by children who are popular or who make a favorable impression on others (Cunningham et al., 2016; Mucherah et al., 2018). Kaufman et al. (2020) call for unique strategies to tackle school bullying, including "teaching children to defend themselves by finding support" (p. 387). To give this support, teachers will benefit from the backing of policy and leaders who acknowledge how covert bullying may contribute to children's experience of power imbalance through social isolation.

In responding to vignettes, teachers showed greater empathy for children who were visibly bullied, and were more likely to dismiss children's report of covert bullying

as not serious, or as a normal part of growing up (Byers et al., 2011). Teachers who view this behavior between peers as normal may recommend that children work it out themselves, dismiss the harm, or advise children to avoid aggressive peers (Migliaccio, 2015; Troop-Gordon & Ladd, 2015). In doing this, teachers disengage from the situation and children lose a secure base of emotional support. When this secure base is removed the power imbalance experienced by children may be heightened, resulting in an elevated neurobiological stress response, an internalizing of fear, and impaired capacity to learn. Alternatively, teachers who do not disengage may respond by punishing the child who bullied others (Byers et al., 2011). In our study a strong covariance was demonstrated between telling the teacher and being excluded by peers (Nelson, Kendall, et al., 2019a). Thirty nine percent of children, who reported that the teacher helped them, also reported they were excluded by friends because they told the teacher. Similarly, Cross et al. (2009) found that bullying became worse for 45% of children who sought help from an adult and improved for only 25%. Teachers have also said that attempts to stop bullying can actually make it worse (Cunningham et al., 2016). This is possibly related to punishment of children who bully others (Byers et al., 2011). Because covert bullying is not visible to teachers it can be very difficult for teachers to understand how to respond. Empathic listening and a non-punitive approach is recommended when responding to reports of covert bullying (Byers et al., 2011; Troop-Gordon & Ladd, 2015).

In the Netherlands teachers nominated children they considered to be bullied, and children (aged 8-12) reported their own experience by self-report (Oldenburg et al., 2016). Only one quarter of children who reported that they were bullied were nominated by teachers. Several teachers voiced doubt that these children were actually bullied (Oldenburg et al., 2016). This was attributed in part, to children's decision not to tell the teacher, a finding that is consistent with our study and with other recent studies; children often choose to tell friends and family rather than the teacher (Blomqvist et al., 2020; Shaw et al., 2019). This demonstrates the value of a systems approach when implementing interventions. Hunter et al. (2004) found that children are more likely to seek help if they expect they will learn to deal with bullying or that the bullying will stop; although bullying stopped for 24% of children who told the teacher, only 12% felt better. This emphasizes the importance of helping children to process their own negative emotions (Hunter et al., 2004). There is great value in partnering with families to build a culture in which children feel safe as they seek support to overcome power differentials in relationships at school (Gerrard & Soriano, 2013; Kaufman et al., 2020). By listening to, and supporting children as they problem solve, we recognize children as active participants in their own their own life, and nurture resilience (Bronfenbrenner & Morris, 2006). Teachers want to understand how to support children who are bullied, and to reduce the harm of covert bullying (Cross et al., 2009; Migliaccio, 2015). Their ability to have a positive impact is supported in a whole school culture that acknowledges the power differentials experienced by children who are bullied, and provides a culture in which peers, families, and teachers feel supported.

Conclusion

Bullying occurs in a relationship of power imbalance; power itself is neutral, and can be used for good or harm. Bullying occurs within layers of social complexity; through the worth that is attributed to status and the misuse of power to gain status. Because of social norms, and the complex interplay between factors that infer status, it can be very difficult

for teachers to recognize bullying. Policy and practice will ideally promote empathic listening as children seek emotional support to overcome the power differential of bullying, including overt and covert bullying. This is necessary across all socioecological systems through which developmental support is given to children, with particular focus on supporting the families and teachers who most closely care for children. This includes being aware of cultural values and norms and building a whole school culture that respects each person. Within this culture children may develop resilience as teachers focus on listening to those who report bullying and give them emotional support rather than trying to “fix” the bullying problem by punishing those who seem to be doing the bullying.

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SUPPORTING STUDENTS' EXECUTIVE FUNCTIONS IN THE CLASSROOM CONTEXT

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ABSTRACT

Proper development of executive functions (EFs) in children is associated with well-being, health, and positive social relationships, and it is a critical predictor of school performance. Family and school context shape the EFs' development. At school, educators play a critical role in modeling and supporting students' self-regulation skills. In line with this position, the goal of this study was to design a school-based intervention aimed at: 1) helping teachers reflect on their students' EFs and their educational practices used to support students' self-regulation; and, 2) training educators in the design of teaching sequences aimed at promoting students' EFs. For Methodology, 735 educators from the province of Mendoza, Argentina, participated. The professional training was structured in three stages. In the first stage, a theoretical-practical training was offered on the implication of EFs in self-regulated learning, and teachers were asked to assess their students' EFs, using an observational inventory. In the second stage, teachers self-assessed their educational practices using the Educational Practices Inventory (Korzeniowski, 2019). In the third stage, the teaching teams proposed educational sequences aimed at promoting EFs. For Results, it was noted that educators more frequently employed strategies to scaffold students' cognitive flexibility, and they reported metacognition as a target EF to enhance in their students. Then, educators designed 85 teaching sequences in which they embedded areas of the school curriculum - Math, Science, Art, Gym- with strategies to promoting students' EFs. Teaching sequences were creative, innovative and used a variety of resources. In Conclusion, training teachers in using a continuous process of assessment, implementation, and evaluation of teaching sequences to strengthen students' EFs is a valuable way to make classroom environments more supportive of students' cognitive development.

Key words: executive functions, self-regulated learning, teachers, school-based intervention, teaching sequences, Argentine students.

Introduction

Executive functions (EFs) constitute one of the most distinctive aspects of the

human being, as they enable the ability to act with purpose and in a self-regulating manner in the various contexts of social interaction (Blair & Raver, 2014; Walk et al., 2018).

EFs are higher-order cognitive abilities involved in the self-regulation of actions, thoughts, and emotions necessary to achieve goals and solve problems (Diamond, 2013; Korzeniowski et al., 2017b). The literature identifies three core EFs: inhibitory control, working memory and cognitive flexibility, from which other more complex are developed, such as planning, organization, metacognition, monitoring and decision-making (Diamond, 2013; Miyake et al., 2000).

EFs play a critical role in cognitive, social and emotional development of children and adolescents, and predict many life outcomes (Diamond, 2013; Walk et al., 2018). Their adequate performance in childhood is associated with good school performance, purposeful social relationships, emotional well-being and behavioral self-regulation, which all predict better health, better quality of life, greater academic success, better employment status and a lower incidence of behavior problems, in adolescence and adulthood (Diamond, 2013; Moffitt et al., 2011).

EFs emerge in early childhood, and follow a long development that continues until adulthood (Hughes, 2011; Korzeniowski et al., 2020). The development is associated with the late maturation of a set of neural networks coordinated by the prefrontal cortex: seat of cognitive control (Fuster, 2001). Its extensive and slow development is a facilitating factor for cognition, since it creates various time windows in which brain plasticity is increased and experience has the maximum impact on brain development (Armstrong et al., 2006).

EFs can be negatively affected by stressful environments and by the lack of quality and proactive interactions with adult caregivers. However, environments that promote healthy child development can help children to strengthen their EFs (Hackman et al., 2010). During the last two decades, environmental factors that model the development of child EFs have been studied, identifying factors from the family, school, and community. The family and the school constitute the two social institutions that most affect the development of children (Brian & Soriano, 2020). Therefore, pioneering research focused on the family and identified a set of predictors of EFs, including: parents' educational level, prenatal and postnatal stress level, family socioeconomic level, rearing practices, cognitive stimulation, quality of mother-child interactions (i.e. Bernier et al., 2012; Bibok et al., 2009; Diamond, 2013; Matute et al., 2009; Hackman et al., 2010; Hoff, 2003; Spruijt et al., 2018). Other studies have been interested in the characteristics of the school context and have pointed out: school climate, classroom management, teacher's emotional support, collaborative interactions between teacher and students, peer relationships (i.e. Bardack & Obradović, 2019; Hu et al., 2020; Korinek & deFur, 2016; McKinnon & Blair, 2018; Nyroos et al., 2017; Rosen et al., 2014; Suntheimer & Wolf, 2020; Vandenbrouck et al., 2018; Weiland et al., 2013).

This body of research has generated growing interest in the design of ecological interventions aimed at improving resources in family and school in order to enhance children's cognitive development, especially in children from vulnerable contexts. From this perspective, school-based interventions have been designed, based on the close relationship between EFs and school learning.

EFs are significant predictors of school performance and school success from preschool to adulthood (i.e. McKinnon & Blair, 2018; Best et al., 2011; Fuhs, et al., 2014; Korzeniowski et al., 2016). EFs are considered critical for school readiness, future academic performance, and successful learning (Nyroos et al., 2018). In addition, EFs favor the adjustment of children to the school context (Blair & Raver 2014; Diamond, 2013).

Adequate development of EFs is associated with better performance in different subject areas, such as Literature, Mathematics, and Science (i.e. Best et al., 2011; Fuhs, et al., 2014). This is based on the fact that the EFs orchestrate various cognitive processes that enable the student to initiate and complete tasks, set goals, plan and organize activities, focus attention, sustain cognitive effort and persevere in the face of difficulties, detect errors, recognize new perspectives, formulate alternative plans when atypical events occur, and reflect on thoughts and actions (Blair & Raver, 2014; Hodgkinson & Parks, 2016; Korzeniowski et al., 2016; Nyroos et al., 2017).

From this, the importance of promoting schoolchildren EFs arises, as a way to increase their resources for learning. The experiences carried out have implemented different types of school-based interventions, such as computerized cognitive training, cognitive games, role plays, curricular adaptations. The experiences have obtained favorable results, which indicates that EFs can be trained and improved with practice (Diamond & Lee, 2011; Diamond & Ling, 2016; Korzeniowski et al., 2017a,b). In recent years, there has been a growing interest in the design and application of enriched school curricula, as these interventions can benefit more children and be sustained over time.

Most of the specialized curricula have been tested in the preschool years (i.e. Anderson et al., 2020; Diamond & Lee, 2011; Janz et al., 2019; Walk et al., 2018). The results obtained indicate that the participating children presented improvements in EFs and in school performance. Despite these favorable results, few experiences have been extended to the intermediate elementary school grades and to middle school (Hodgkinson & Parks, 2016). At this stage of the school path, students must face new challenges and carry out more complex learning, which imposes new demands on EFs. Therefore, this stage can be of great interest to apply school-based interventions.

The design and application of the enriched school curricula requires transferring knowledge and strategies to the educators, who will be responsible for implementing the techniques and strategies. This implies recognizing the role of the teacher as a mediator of the cognitive development of students (Bardack & Obradovic, 2019; Keenan et al., 2019; Korinek & deFur, 2016), and highlights the importance of providing instances of teacher training for EFs.

Two ways have been identified by which educators promote the development of students' EFs: one implicit, from modeling the use of EFs in daily school activities; and, the other explicit, through scaffolding the development of the students' self-regulatory capacities (Bardack & Obradovic, 2019; Korinek & deFur, 2016).

During the school activities, teachers model the EFs to their students in multiple ways, such as when they: plan and sequence learning tasks, organize and structure the classroom, resist distractions, control frustrations while maintaining a good class climate, or use their flexibility to find different solutions to problems (Bardack & Obradovic, 2019; Hodgkinson & Parks, 2016; Rosen et al., 2014). Likewise, it has been observed that teachers who denote greater cognitive and emotional self-regulation abilities are

more likely to use educational practices that explicitly support or scaffold students in the acquisition of self-regulation abilities (Bernier et al., 2010; Raver et al. 2012; Rosen et al., 2014; Korinek & deFur, 2016). Scaffolding is an adjustable and transient support that enables students to solve problems that they would not solve without receiving help (Bibok et al., 2009; Brown & Paliscar, 1989; Vygotsky, 1991). A recent study documented that the scaffolding of planning and cognitive flexibility skills offered by educators was associated with improvements in the students' EFs six months later (Bardack & Obradovic, 2019).

In sum, teachers play a key role in the development of the students' EFs, which constitute cognitive resources for learning and healthy development. From this basis, the need arises to train teachers in educational practices that promote students' EFs. Considering that the experiences carried out have so far focused mostly on preschool years, the present study set out to train elementary and middle school teachers in the design of educational activities and practices aimed at enriching the school curriculum in order to promote students' EFs. The research goals were: 1) helping teachers reflect on students' EFs and their educational practices used to support students' self-regulation; and, 2) training educators in the design of teaching sequences aimed at strengthening students' EFs.

Method

Participants: 735 educators from the province of Mendoza, Argentina, participated. 405 were elementary teachers and 329 were middle school teachers. 73% were female and 27% were male. The average age was 41.74 ($SD = 8.68$), ranging between 24 and 57 years of age. The length of service in teaching was 10.09 ($SD = 9.72$). 76.1% had completed postgraduate studies and 96% reported having completed teacher training courses.

Instruments and material

Teachers Observation Inventory of Students' EFs (Korzeniowski, 2019): This inventory allows teachers to assess the executive functioning of their group of students during daily school activities. It can be applied by the teacher to identify the strengths and weaknesses of students' EFs, target EFs to enhance and monitor the group in case of applying intervention strategies. It was designed based on target behaviors associated with EFs referred by literature (Hodgkinson & Parks, 2016; Korinek & deFur, 2016). It is made up of 7 subscales: Attention, Inhibitory Control, Cognitive Flexibility, Working Memory, Organization, Planning and Metacognition. Teachers use a three-point Likert scale to report the frequency of students' behaviors, where 0 = *never*, 1 = *sometimes*, 2 = *frequently*. The score of the subscales ranges from 0 to 2 points, indicating that the higher the score, the greater the performance in EFs. The following interpretation criteria are used to assess EFs performance: 0 - .49 = very low performance; .50 - .99 = low performance; 1.00 - 1.49 = moderate performance; 1.50 - 2.00 = high performance.

Educational Practices Inventory (Korzeniowski, 2019): This inventory assesses activities and practices that teachers use to strength and scaffold the development of students' self-regulatory skills. It was designed based on the educational practices that the

literature refers to as enhancing students' EFs (Bardack & Obradovic, 2019; Hodgkinson & Parks, 2016; Korinek & deFur, 2016; Rosen et al., 2014). It is made up of 10 subscales: Organization Techniques, Learning Expectations and Routines, Student Involvement, Instructions, Planning Scaffolding, Metacognition Scaffolding, Working Memory Scaffolding, Attention Scaffolding, Behavioral and Emotional Control Scaffolding. Teachers use a three-point Likert scale to report the frequency of use of classroom practices, where 0 = *never*, 1 = *sometimes*, 2 = *frequently*. The score of the subscales ranges from 0 to 2 points, indicating that the higher the score, the greater the frequency of use of the proposed strategies. The following interpretation criteria are used to establish gradients of use: 0 - .49 = low use; .50 - .99 = low-middle use; 1.00 - 1.49 = high-middle use; 1.50 - 2.00 = high use. For the study sample, the inventory subscales presented an adequate internal consistency, ranging from $\alpha = .62$ for the Learning Expectations and Routines to $\alpha = .82$ for Attention Scaffolding.

Professional training program on EFs: The professional training program was requested by the Education Department of the province of Mendoza, Argentina, and was framed within the Provincial Interlevel Articulation Plan (PPA). Educators, heads of schools, superintendents and school counselors from elementary and middle schools throughout the province of Mendoza participate in the PPA. The professional training program had both a face-to-face version, which was intended for head of school, superintendent and school counselors, and an online version, intended for educators. The online training proposal for teachers was developed in three stages.

In the first stage, a theoretical-practical training was offered on the implication of EFs for self-regulated learning. The teachers carried out the following activities: 1) Reading a theoretical material on the conceptualization of EFs and its implication for learning, and 2) Transferring of theoretical postulates to the everyday classroom situation, by observing classroom situations in which students exhibited strengths and difficulties in their executive functioning, using the Teachers Observation Inventory of Students' EFs (Korzeniowski, 2019).

In the second stage, the teachers reflected on their key role as mediator of the students' cognitive development. To achieve this goal, three activities were proposed: 1) Analyzing educational interventions as strategies for the promotion of students' EFs; 2) Reflecting on the role of the teacher in the interventions; and, 3) Teachers' self-assessing their educational practices in order to identify their strengths and weaknesses in scaffolding students' EFs skills, using the Educational Practices Inventory (Korzeniowski, 2019).

In the third stage, teachers were trained in designing didactic sequences that articulate the school curriculum with strategies aimed at promoting students' EFs. Four activities were proposed: 1) Analyzing a theoretical model proposed to frame teaching actions, which was developed based on contributions from neurosciences and education; 2) Reading a manual with techniques and strategies to promote EFs in the classroom; 3) Presenting models of didactic sequences (Andersen et al., 2019; Cabanes et al., 2018); and, 4) Elaborating educational sequences articulating school curricula with strategies aimed at enhancing students' EFs.

Results

First, we analyze the teachers' report about the executive functioning of their student's group during daily school activities. The mean of the students' EFs values ranged from .71 for Metacognition to 1.09 for Inhibitory Control (see Figure 1), indicating that teachers perceived difficulties in the EFs of their student groups. Metacognition was the most weakened cognitive function reported by teachers.

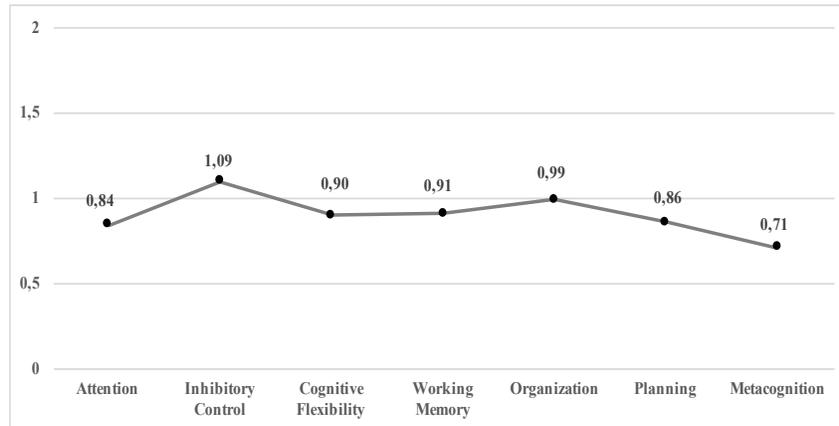


Figure 1. Means of student groups' EFs reported by teachers ($n = 735$)

Then, we analyze the classroom practices that promote students' EFs used by the participating teachers and describe the self-assessment they made of them. Table 1 describes the educational guidelines that teachers use to promote students' EFs.

Table 1. Teachers' classroom practices aimed at promoting students' EFs ($n = 735$)

Variable	<i>M</i>	<i>DS</i>	<i>Range</i>	<i>As</i>	<i>Ks</i>	<i>Min.</i>	<i>Max.</i>
Organizational Techniques	1.57	.32	0 – 2.00	-.75	.24	.56	2.00
Learning Expectations and Routines	1.61	.35	0 – 2.00	-.91	.65	.25	2.00
Student Involvement	1.55	.37	0 – 2.00	-.79	-.01	.44	2.00
Instructions	1.66	.32	0 – 2.00	-.83	-.12	.71	2.00
Planning Scaffolding	1.61	.36	0 – 2.00	-.96	-.36	.43	2.00
Metacognition Scaffolding	1.55	.42	0 – 2.00	-.86	.24	.00	2.00
Cognitive Flexibility Scaffolding	1.68	.33	0 – 2.00	-.92	.29	.57	2.00
Working Memory Scaffolding	1.61	.36	0 – 2.00	-.67	-.43	.40	2.00
Attention Scaffolding	1.46	.40	0 – 2.00	-.36	.15	.50	2.00
Scaffolding of Behavioral and Emotional Regulation	1.56	.36	0 – 2.00	-.78	-.06	.43	2.00

In 9 of the 10 variables evaluated, teachers obtained an average that ranged between 1.55 and 1.68, which indicates that they regularly use educational guidelines and strategies aimed at strengthening students' EFs. It was observed that the guidelines they use most frequently are those aimed at promoting students' cognitive flexibility ($M = 1.68$, $DS = .33$), followed by those that support the promotion of working memory ($M = 1.61$, $DS = .36$) and planning ($M = 1.61$, $DS = .36$). Moreover, teachers frequently assess

students' understanding of instruction ($M = 1.66$, $DS = .32$), explain, practice and review procedures several times, and provide feedback to students in order to promote their self-management ($M = 1.66$, $DS = .35$). Finally, it was observed that teachers regularly engage in behaviors designed to capture and sustain the attention of their students ($M = 1.46$, $DS = .40$), although they use these strategies less frequently than the other educational practices analyzed.

Subsequently, the teachers valued their experience regarding the filling of the inventory as an instance of self-evaluation of their classroom practices. Most of the teachers valued this experience favorably, and reported that this activity helped them reflect on their daily educational practices and learn about new strategies to enrich themselves (98%). They also pointed out that filling out the inventory could be included as a frequent activity within teaching (97%).

In the third stage of training, the teaching teams made didactic sequences designed to promote students' EFs. The teaching teams built 85 didactic sequences, which integrated the promotion of EFs with different curricular areas, such as Mathematics, Reading, Writing Workshops, Environmental Education, Natural Sciences, Social Sciences, Gym, Sex Education, Statistics. The sequences were characterized by being creative, using diverse resources, including recreational activities, and stimulating student involvement. It stands out that 36 sequences presented an interdisciplinary proposal, and 15 proposed activities between the family and the school.

In 94% of the didactic sequences, the teaching teams identified with accuracy the EFs that they would promote through the proposed activities. In each didactic sequence, the teaching teams selected between two to six EFs to promote, with the most frequently chosen being: Metacognition (78%), Planning (72%) and Organization (72%) (see Figure 2).

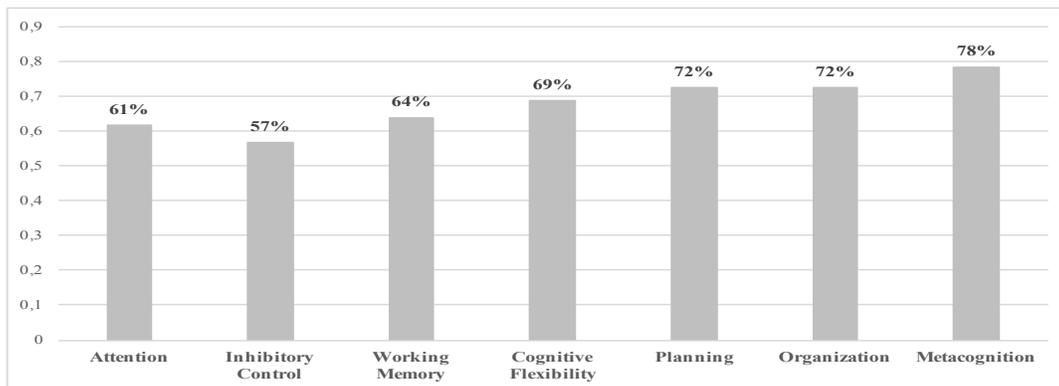


Figure 2. Frequency of didactic sequences that promote specific EFs

Finally, in 83% of the sequences, the teaching teams reported the scaffolding activities that they would use to promote the students' self-regulation abilities. The most widely-used scaffolding strategies were those aimed at strengthening metacognition, such as developing self-evaluation grids. Table 3 provides examples of the proposed classroom scaffolding practices.

Table 2. Examples of classroom practices aimed at scaffolding students' EFs.

EFs Scaffolding	Classroom Practice Examples
Attention	Using varied resources to capture student attention: videos, web resources, satellite images, games, songs. Using wool and cardboard circles to help student's comprehension about π number
Inhibitory Control	Using stop and go signals to promote inhibitory control Ball games and playground activities to improve students' inhibitory control
Working Memory	Help student to do mental calculation using cards games and calculation crossword Memory games
Cognitive Flexibility	Brain Storming Help students to design new table games
Planning	Help student to design a school calendar and an agenda Provide students the steps to design a new advertisement
Organization	Modelling the note-taking process Provide support for organizing ideas before writing a report
Metacognition	Provide a guide to model task evaluation Ask questions to promote self-monitoring and self-evaluation

Discussion

This study presents an experience of professional teacher training aimed at promoting students' EFs in the classroom. The results obtained highlight the teacher's role as a mediator of students' cognitive development and provide new evidence for the design school-based interventions, public policies and teacher training.

The results obtained underscore the importance of providing teachers with opportunities to assess their students' EFs and to reflect on their classroom practices, offering them specific instruments of assessment. In this experience, teachers were able to assess the executive functioning of their group of students in regards to identify target EFs to enhance. Metacognition was the most weakened EFs reported by teachers.

Furthermore, teachers were able to assess guidelines and teaching strategies aimed at strengthening their students' EFs, which led to two interesting findings. First, it was observed that the participating educators quite frequently use educational guidelines that promote students' self-regulatory capacities. Specifically, the use of classroom practices aimed at promoting the development of cognitive flexibility, planning and working memory was identified as a strength of the group. Such practices included: promoting students' creativity and divergent thinking, modelling resolution problems techniques, favoring the memorization of content through the use of diagrams, graphics or images, assisting students to develop an efficient plan to achieve a goal, and providing feedback on the achievement of partial goals.

Recent research has pointed out that the use of these classroom practices over time is associated with the promotion of students' EFs (Bardack & Obradovic, 2019; Hodgkinson & Parks, 2016; Keenan et al., 2019; Rosen et al., 2014). A study indicated that teacher scaffolding of cognitive flexibility and planning during school activities was associated with better performance of students' EFs six months later (Bardack & Obradovic, 2019). This report can contribute to interpreting the results obtained from a study carried out with a large and representative sample of 55,000 schoolchildren from

Mendoza (Korzeniowski & Ison, 2019), in which the students' EFs were evaluated and cognitive flexibility was identified as the strongest. These results could be associated with the practices reported by the teachers in this study, who use guidelines and strategies with high frequency to strengthen students' cognitive flexibility. However, future studies are necessary to test these associations directly and predictively.

Second, the teachers valued their experience regarding the filling of the inventory, and reported that this activity helped them to reflect on their daily educational practices and allowed them to learn new strategies. They suggested that this practice could be carried out as a systematic activity in the school year. Frequent review of the inventory can be a valuable resource, from which teachers can adjust their strategies according to the needs and progress of their students (Keenan et al., 2019; Korinek & deFur, 2016; Nyroos et al., 2017). Likewise, discussing and analyzing educational practices with other colleagues can help teachers agree on a consistent educational plan for different subjects, grades or levels in order to achieve greater mastery and generalization of the target competencies in students.

On the other hand, the most relevant product of this professional training experience was the design of the didactic sequences carried out by the teaching teams. The teaching teams proposed 85 didactic sequences, in which they integrated specific activities aimed at strengthening students EFs into the teaching of Mathematics, Language, Social Sciences, Natural Sciences, Arts, Gym, Environmental Education, Sexual Education, and English. The designed sequences were creative, used diverse resources, included playful activities and stimulated student involvement. Some of them proposed interdisciplinary activities addressing EFs stimulation as a transversal axis in different study subjects, and others included activities that favor school-family communication.

In 94% of the didactic sequences, the teachers accurately identified the EFs that they would stimulate with the proposed activities. In 78% of the sequences, teachers proposed activities aimed at strengthening metacognition, in 72% planning-organization skills and in 69% cognitive flexibility. The greater inclusion of these EFs in the design of didactic sequences could indicate that educators consider the stimulation of complex cognitive abilities to be more relevant in the transition stage between elementary to middle school. These findings are in agreement with previous studies, which indicate the greater implication of complex EFs in learning processes, as students advance in elementary and secondary schooling (Best et al, 2011; Hodgkinson & Parks, 2016; Vandenbrouck et al., 2018). Planning, organization and cognitive flexibility are necessary for students to successfully solve more complex learning tasks. Likewise, metacognition becomes a relevant cognitive resource to move from heteroregulation to self-regulation of learning processes.

Another interesting fact was to observe that, in 84% of the sequences proposed, the teaching teams were able to explain the specific strategies and activities that they would use to scaffold EFs' development. The teaching teams identified various scaffolding strategies, including: using diverse and creative resources - videos, songs, games - to capture and sustain students' attention, providing reminders, modeling the use of a school calendar, modeling the use of brainstorm, and using self-assessment grids. Reflecting on how to scaffold cognitive development and diagram it in concrete actions is not an easy task for educators. In this experience, educators were able to overcome this

challenge and developed ideas on how to adapt their pedagogical practices and daily activities to promote students' EFs. In line with previous studies (Bardack & Obradovic, 2019; Keenan et al., 2019; Korinek & deFur, 2016), this data shows the relevance of enriching teacher training with the contributions of neuroscience.

In sum, the results obtained indicate that the teacher training achieved its goals, while it managed to transfer knowledge and strategies to educators, who were able to use them to create new and better educational practices that promote students' EFs. These findings indicate that teachers were able to look at the educational reality from a different perspective: from the neurosciences. This data provides evidence on the possibility of bridging neuroscience and education. Strengths and resources used in this experience that may have favored the appropriation of knowledge by teachers include: integrating theories of learning and for neuroscientific models, exemplifying EFs in everyday school situations, providing tools teachers to value their educational practices and their students' EFs, encouraging participation of teachers in the construction of strategies.

The experience had limitations. Professional training began in the middle of the school year, lasted three months and was conducted online. It would be desirable for future trainings to start at the beginning of the school year and extend for a longer period of time, in order to be able to monitor the teachers' learning process and help them develop mastery in the use of the strategies. Likewise, it would be desirable to extend the network of trainers and create interdisciplinary work teams to monitor the progress of interventions in schools. The results obtained are limited to teachers from Mendoza, and cannot be generalized to other educators from other regions and countries. Therefore, it would be desirable that future training could be extended to a larger area of Argentina and replicated in other Latin American countries.

In line with other researchers (Bardack & Obradovic, 2019; Keenan et al., 2019; Korinek & deFur, 2016; Walk et al., 2018) and pioneers in the field of executive functions (Blair & Raver, 2014; Diamond, 2013) have postulated, this study underlines the importance of incorporating these professional training programs within public educational policies and in teacher-training programs.

Conclusions and contributions to the development of SBFC

The experience carried out presents an advance in the training of Latin American teachers, in two directions. One aspect is that it is a novel and creative experience because, to date, there have not been documented instances of teachers professional training aimed at designing didactic sequences that integrate the promotion of students' EFs. The second aspect is that the experience has been applied to a school stage not contemplated in previous studies: the passage from elementary to middle school.

The training was a significant learning experience for the participating educators, who appropriated the contributions and strategies of the neurosciences, to create new and better educational practices aimed at strengthening students' EFs. This experience demonstrates that researchers and teachers have to articulate perspectives, knowledge, experiences and objectives to co-construct enriched educational practices.

This experience shares the foundations of the SBFC model and extends its focus to a new area of application: neuroscience. It shares the ecological perspective of the SBFC metamodel, which highlights school as one of the social institutions that most

affects children's development. In this particular experience, the role of the teacher as an adult who models and scaffolds the development of children's EFs is valued and highlighted. Furthermore, it shares the importance of promoting children's and adolescents' school success, and, consequently, proposes to enrich educational practices with the contributions of neuroscience. The professional teacher training on the promotion of students' EFs is a school prevention program, while its ultimate purpose is to enrich educational practices in order to promote students' self-regulation capacities, which are closely associated with better school performance, well-being, purposeful social relationships, and healthy development in children and adolescents. Therefore, its contribution to the SBFC model lies in its including, within the school-based interventions, those aimed at promoting and strengthening students' EFs.

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Growing SBFC Self-Help Networks in a Pandemic: The SSWN Webinar Series and SSWNetwork

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What an amazing week it was.

From April 16th-April 23rd we offered free webinars via our SSWNetwork site focused on how SSW practitioners at specific grade levels (Early Childhood/Pre-K, Elementary, Middle School, High School, & Alternative Education settings) were all adapting their SSW practice in this COVID-19 crisis time of school building shut-downs and fragmented and confusing service delivery directives. Over 500 of you attended them live, and another 5,000 people have viewed them on our SSWN YouTube Channel [here](#).

The response was emphatic and overwhelmingly positive, as these fantastic school social workers showed how they're doing their work during this pandemic. Along with my research colleagues Dr. Kate Phillippo (Loyola University Chicago School of Education and Social Work), Dr. Rob Lucio (St. Leo University) and Dr. Emily Shayman (Lewis University), we are engaged in creating a rigorous coding analytic strategy to look at themes from these 5 transcripts and to inform future focus groups we hope to conduct with school social workers on how their practice is being transformed by the pandemic. In addition to the link for the overall [schoolsocialwork.net](https://schoolsocialwork.net/updated-ssw-practice-during-a-pandemic-our-full-free-sswnetwork-webinar-series/) article I did on all 5 of them here <https://schoolsocialwork.net/updated-ssw-practice-during-a-pandemic-our-full-free-sswnetwork-webinar-series/>, I now share 2 edited transcripts of the webinars, one for the high school panel and the other for our early childhood/pre-K panel.

High School panel for “SSW Practice in a Pandemic”

Michael: We're working today as high school social workers, having a panel to talk about our response to school closures and what we are doing in response to the COVID-19 pandemic. (Names panelists)

Lisa Johnson-Haire: The first thing we wanted to do was take a pause and check in with everybody, look at how your'e doing. And not just how you're doing, but how are you really doing? And are you participating in self-care, and what are you doing? And then, what can you add to your personal overall wellness? Because eventually we will get to go back to school and our students will need us more than ever before.

Lisa: My current focus in the building I serve is connection, connection with students, with their families, with staff people, care and compassion. Those are the biggest things we're focused on right now. We need to focus on making sure everybody feels connected, everybody feels supported, everybody feels cared for. This time is so unusual, so we have to try to give people as much normalcy as possible, and having somebody say that they care about you is one of the ways they are executing that.

It's not as easy as it looks, and I don't know if this overall difficulty might be a little

flipped for me. I like to think about where people are, and how they are feeling, what does this look like for people, how are people responding, how people normally respond in a crisis. I always like think about, in moments of n crisis, people return to what they know, so here, we multiply this by three. So everybody has multiple hats. We have students, they are sometimes employees. They are siblings. They might be parents, their parents are parents. Everybody is human, and we have to remember that with all these multiple roles we play, we've removed some of these safe places. At my job, I'm a social worker. At home, I am a social worker, parent, spouse. There are multiple tiers with having them all at once. We have students not only

00:00:00.000 --> 00:00:01.709 Lisa Johnson Haire: Losing people to the virus And people just in general with sickness and other health issues. But kids are losing fun stuff. Prom, graduation. The connection spending time with their friends. So we have to think about all of those things and how that looks to Just to kind of put you into the perspective for people. So, Compassion. One of the things that we've been focusing on In our building for our trauma informed care and trying to help people recognize where they are and recognize where students might be and where they might come from is Looking at your own self-care, your own compassion. So you're wanting to always remind people give people the compassion that you would give to others, are you would have for others. So People are are are stressed out. I don't feel like I'm doing enough. I'm not working hard enough, especially social workers. We're used to doing we're used to moving. So, considering that, what would you say to somebody else, and then turn that inward. Separation from work and personal. Those are going to be very important in this time. Take time away, turn the phone off. Set specific hours so that you know when you're on. And when you're not on.

00:01:28.710 --> 00:01:40.050 Lisa Johnson Haire: Butterfly hug and proqol. So butterfly hug. I'm also an EMDR trained therapist. So one of the things emDr talks a lot about bilateral stimulation and being in both sides of your brain. So a butterfly hug is a way you can hug yourself and give yourself. Bilateral stimulation. So when you're in the world of social distancing. And you might not be able to hug you can hold yourself so you can tap your arms here. I like the collarbone up here. It's more sensitive area for people if you don't want people to see you hugging yourself you can tap your leg. So some people do that naturally anyway. You've got to have the left-right rhythm.

It's in the Link in our shared folder. So this is talking about the butterfly hug and the method, what it's about, gives you more details. You can also find several YouTube videos that talk about the butterfly hug and what it looks like. So you see somebody, they're giving the butterfly hug and what that looks like.

00:02:50.460 --> 00:03:10.290 Lisa Johnson Haire: The other one is the ProQol professional quality of life. We've been doing this for a little while, we got this from initially from Alive and Well STL, it's an organization here in St. Louis area on this working with us on our trauma informed care in schools. So as part of our staff self care. We're doing this professional quality of life. So it looks at your compassion satisfaction and your compassion fatigue. And and so it gives you these questions. So you answer the questions. I am happy, I'm preoccupied with more than one person. So it gives you all

these 30 questions and then at the end, you get to score yourself. And then you get to look at your compassion satisfaction. Your burnout and and your secondary traumatic stress and so it gives you the scoring guide at the bottom that tells you if you're low, moderate, high so if you're really not sure where you are, That is a great tool that you can look at and maybe use for some of your colleagues.

27 00:04:02.250 --> 00:04:03.630 Lisa Johnson Haire: We do it for all of our staff, a couple of times a year to kind of see where people are. Also proqol has a full website the professional quality of life and they have this lovely little quick card, you can download it right here. We're caring for yourself in the face of difficult work. And so it gives you things like eating more sleeping more, um, doing some light exercise doing something pleasurable. Pray, meditate, relax, support a colleague, share private joke. So it's got Fun little things that you can do. I'm Looking at at these things and and and i think a lot of people are going to be here. So I'm at some point during this so so thinking about that.

34 00:05:15.390 --> 00:05:34.770 Lisa Johnson Haire: Nadia found this on the mindfulness.org where they have zoom exhaustion and six ways you can find balance and still stay connected. So that's a quick read that you can look at in and think about everything. And all of the meetings that you're in. Also, as far as connection-disconnection. I also put the links in the PowerPoint. So if you want to go to the EMDR foundation Research Foundation and look at the butterfly hug. Look at Proqol website or the downloads or the mindfulness.org article about zoom exhaustion. It's all there for you.

38 00:06:09.990 --> 00:06:11.130 Lisa Johnson Haire: So next Is Nadia Gomez Moran, and she will tell you a little bit more about herself.

Nadia Gomez-Moran: You. Thank you, Lisa, I think it's great that we started talking about self care. I definitely think as we're moving into the last couple of weeks of school, especially for us here in Illinois, and although we know that schools are definitely out And we're doing remote learning for the remainder of the year. I think we're still sort of trying to figure out and trying to try to move forward and It's definitely a stressful time for all of us, especially those of us that are you know working at home and have multiple things going on at home as well. But again,

thanks everybody for joining us. My name is Nadia Gomez Moran. And again, I'm a high school social worker here in the Chicago western suburbs and I'm also in the second year of the school mental health advanced advanced practice certificate students. I've learned: So much from this program that I think I carried on for all the years of my practice and I love the opportunity to be able to connect with colleagues, because I do feel like our profession might be very isolated in our school buildings and this allows us to really connect with others and share ideas.

49 00:07:33.180 --> 00:07:46.440 Nadia Gomez-Moran: And just feel supported as well. I added this picture of myself there and not so that you can get to see me more, but because this is one of the ways that we're doing outreach for students or sending you know little messages here and there. It's a little bright but it says hey blazers, which is our mascot, we will get through this together, We say we miss you. I'm so this is one of the

ways that we are trying to connect with our students by sending via our Twitter or social media pages just little messages for our students so that they know that we can, we're still here for them, you know, school is not cancelled, like a lot of the headline said, you know, school is still in session, we're just trying to do this remotely.

54 00:08:29.790 --> 00:08:31.260 Nadia Gomez-Moran: And I saw this picture. A couple of weeks ago when schools were starting to go into e-learning or remote learning as we call it now and I thought it was a great Representation of what our students are going through. I've actually use this with some of my staff and in terms of, you know, making sure that you know we're, we're really drilling on and academics, attendance, and checking in, but are we really focusing a lot of the lack of normal routine, the loss of structure that our students are facing. A little bit of context while I work with a lot of different populations in the school. Our school building is about 2000 students I predominantly work with any Tier three inA special education self contained program and an alternative program forGeneral education students. And so I spent a lot of my times with students that you know need structure than need a lot of support, That we are their main support systems throughout the day. And so I can only help them think about all the things that our students are missing regarding you know their basic needs.

62 00:09:38.760 --> 00:09:48.660 Nadia Gomez-Moran: You know that staff support person or, you know, students who struggle with trust and now they have these connections and relationships with these adults and now, they're gone, you know, and so I think it's important for us as, you know, as we go through zoom meeting after zoom meeting talking about student engagement and attendance and Are they submitting work that we're really focusing also on how are we supporting students that may need structure that you know are in a home. that is dysfunctional that have a history of trauma and I think especially with your staff for teachers and where teachers that are focused a lot right now because we're not really getting a lot of guidance in terms of grades and it's changing per day that we really take a step back and look at what are we providing our

students in terms of support to make it through the next month.Nadia Gomez-Moran: And again, addressing the challenges, an impersonal load I am a mother of a almost three year old that needssomething throughout the day. My husband is an essential workers so he's not here with me throughout the day. And so I had to juggle, you know, again, like Lisa said the multiple hats being

69 00:10:47.580 --> 00:10:51.930 Nadia Gomez-Moran: A social worker, but also being a mother and being a spouse and I think it's, there's a difference between working from home and trying to work from home and the majority of the time I'm trying to work from home. Because my attention, it's not as much as I will love to give my 100% attention to my students and My work, It's very difficult. And I think it's important for us to address that challenge, right, that, you know, our stress levels are definitely going to go up my stress levels definitely went up. Our burnout rates, just because we are out of our safety zone right where we're at home. Yes, we're in a safe environment. However, we're juggling, a lot of different things. And definitely you know it's a change of routine for us. It's a change your routine for the students. It's a change of routine for my own son. That was used to kind of going to take care and mom picking me up. And then we had our

routine. Right. And now, so all of those are out of our own routine and are kind of struggling with that changes.

76 00:11:49.920 --> 00:12:03.060 Nadia Gomez-Moran: And I think also, you know, the realistic expectations that we put on ourselves. I definitely, I very hard on myself sometimes that I feel like I need to be doing more that I should be doing more outreach and definitely like Lisa said take Looking at self care and what are we doing for ourselves. What are some expectations that are realistic and setting those goals for each day. Definitely you know, one of the other challenges is like Dr. Kelly said this is uncharted territory. This is the first time that we are kind of pushed to going to remote learning, e learning. We have unclear expectations In my school district. At East I feel like every two days we're getting an email with changes in terms of what's expected, What we need to be doing what we should be putting up to students. And so it's definitely up in the air for grading for grapes for our seniors. You know, so there's very unclear expectations for those of us that are very, That need structure and that need to be told exactly what to do. It might be, you know, stress, producing that we are changing every single day every couple of days.

83 00:13:01.050 --> 00:13:10.140 Nadia Gomez-Moran: And also, again, going back to feeling. Am I doing enough, should I be doing more should I reach out to my boss and ask for more work. You know, I think we do not know. Because it's the first time that we're going through this, what our role, what are our job duties. Well, we can adapt to as being at home, what we can do and we should just let go of. It's very murky. And I think it's definitely difficult the big, as I'm sure all of you can attest to this, is the student engagement. All right, my school building I, we were on a year to going to

one on one, in terms of Chromebooks. So we were already already kind of focusing on transitions. However, At least for our building. I think it was a Friday. And then it was kind of like rumors here and there. Hey, we might not be back on Monday. Get all your things and try to be ready.

But you know, I don't think we know we acted in that second and so Our students were not prepared also with their materials to take home. So I think student engagement is definitely one of the biggest challenges. we're dealing with high school students, their Sleep routines are definitely all mixed up. Some of them are sleeping throughout the day and are awake all nights and access to resources. Right. I think my school is 60% Hispanic 60% will income. And so we're definitely making sure that we are addressing the challenges and support that our students need. One of the things that we've been working with and our small group PLC is working on assumptions. Some of our teachers feel That students should have a specific space for students to do their homework and to do and to read and to have silent reading and we have to take a step back and say, Okay, so a lot of our students are living in A one bedroom apartment with six other siblings that are also trying to do e-learning right so trying to understand that take a step back and not Assume that students have its place as a space so they can do this or assume that their parents are home to help them, or assume that they have the resources that they need, as well. And one of the other things as well, that are we really been focusing on and it has come up again and again is the students are getting an information overload.

95 00:15:28.830 --> 00:15:41.010 Nadia Gomez-Moran: It was shocking to see a student's Google account of all the emails and all the notifications that they were putting up every assignment that teachers are posted and so that this is really overwhelming, especially for students that might need more support that had need help with executive functioning skills, you know, they're getting all this information and they're feeling really overwhelmed and they know we might think that they're great in technology and that they are awesome with social media that they play all these video games and that this is like their, their strength, however, They're getting overwhelmed with the with the amount of information that they're receiving on a daily basis.

99 00:16:12.480 --> 00:16:16.950 Nadia Gomez-Moran: So I wanted to touch on some of the things that we're doing, in our school building to support our students. Like Lisa said. There's a really high emphasis on connection, making sure that we are meeting their basic needs. So, for a lot of our students. We're definitely doing a lot of outreach to make sure that they're getting food that they're reaching out to the schools and getting the lunches and the breakfast is that we are offering that they they need Wi Fi or a hotspot, or they need a computer to drop them off at home. We have teachers, myself included, that we've gone to homes at 6pm 7pm, Of course, wearing gloves and our mask and we drop it off and we don't make any face to face connection. However, making sure that our students are getting those basic needs for a lot of our students, our school building our school staff. We're meeting those needs. And so now they're at home,

and we want to make sure that we continue to get those needs covered to increase student engagement. One of the things that we've been doing is we've been offering staff and student luncheon meets. So what we do. And again, going back to a little bit of the context of the populations that I work with.

107 00:17:21.540 --> 00:17:32.280 Nadia Gomez-Moran: One of my programs that I work with. It's about 40 students. The other ones about 14 so I understand that this might be a little more difficult when you're working with higher numbers of students, however. For smaller groups. This has worked really well we, you know, reached out to staff and students and said, hey, at 12 o'clock on Fridays, Grab your lunch just joined us in our zoom meeting. We're just want to check in. In the last couple weeks we've gotten about 12 15 20 students that George just join us and ask questions regarding google classroom. And this is a way to connect them to check in with each other to see how we're doing.

And the other thing that has been really great as we've been doing wellness checks. For us, and staff. We're not allowed to go to the homes. However, we do have a police liaison that still is available to us to be able to go and do wellness checks. So for the students that have not been checking in either through attendance or have not been completing any of the work, We've asked our police liaison, who is awesome and has really great relationships with our students. Hey, can you just go to this house was for the student and check in. Maybe they don't have a computer, maybe something's going on. Maybe their family has been affected affected by COVID. We just want to make sure that that student is okay.

115 00:18:41.400 --> 00:18:52.140 Nadia Gomez-Moran: And he you know he's done

over 80 wellness checks and he's been able to set them up you with a remind, make sure that they have food, make sure that they have what they need. And I think that has been great.

Also for our special education students. We've been tag teaming with our case managers to do weekly check ins. So I'll go. This might seem like a lot of work. This is a great way to connect with the parents and also check in on the students. So our case managers and myself or the other social worker, we take a day of the week. For an hour and a half. And we you know we call home for students make sure they have what they need, or if they have any questions regarding google classroom or any of that. And most recently, those of us who are Illinois, know that they started an Illinois remote learning plan and so that Has been going home focused on specific goals for the student. That includes also social work and emotional goals and how we can meet them, either through Google meets through zoom or through remind.

And one of the nice things that I've really gotten into just to engage some of my students, I love Tiktok and Instagram and all of that is I ventured into the world of Tiktok I I feel there's a lot of is for those of you who are in tech side, there's a lot of like Videos of like 30 year old women are

older, who are in this like teenage world so I definitely feel that I am like one of the older ones I've only made videos for school. But I wanted to show just a quick simple 3 second Tiktok that I did just to Try to get those kids to come into our students and staff lunch and meets. So I usually I send these through remind And then it could be funny. I just Did one for three seconds to try to get our kids to to join us.

(Shows video—of SW sitting by herself looking sad when no one shows up for the lunch and meet) Just three seconds of Me just be like, Okay, I'm so excited to see all of you. Let's see who comes in and it's just me, Sarah and myself. And you cannot believe the reaction that I got from kids, they loved it and I that week We got a lot more kids To join us.

137 00:21:37.680 --> 00:21:38.820

I also included some interventions that I have been using. I know a lot of us are Trying to wrap our brain across will we can do in terms of interventions with our students that might have social work minutes and that we've been working with for a long time I included all of these are in the Google share folder.

On other things that we've been working on and I wish I could have shared it today. However, We haven't finished it is just developing a schedule for students. We might think high school students have it all together and they don't need to schedule for their day. However, They still do. And so we've been working with case managers and teachers to develop like a schedule for students that are home like what their schedule will look like in terms of how much time. Do they need to work on assignments. When should they be working on them. And so we're working on that for those of us that use zones of regulation, I just like a Google word like a graph and it includes. . . It's in there

for all of you to see. You can edit it out for your students and in school. We used to have for class period in the studio and we're kind of monitor their emotions and color it in red, green, blue, yellow. We kind of adapted it to a regular day. It's like nine in the morning to all the way to at night and the students to kind of monitor their moods and how they're doing. What kind of coping skills they've used. The student can use this throughout the day. But then if you have a scheduled time to meet with the students throughout the week. And that gives you an opportunity to also review that and to and to talk about it.

158 00:24:03.240 --> 00:24:07.620 Nadia Gomez-Moran: There's a couple of other resources there regarding like coping skills for students and it for the whole month of April and each day there's a different coping skills that they can use, whether it's going for a walk or drawing, so that's in there for you guys as well. And I love therapy in a nutshell, it's a really good a YouTube channel that talks has a lot of different of videos in terms of anxiety, Mindfulness activities of breathing exercises that are very quick like one to two minutes and that are great to also use with students. And then I also used our resources from Erica's lighthouse that has a lot of information for parents. I don't know about you guys, but I've been getting a lot of also calls from parents saying, hey, I need

help my students. My son is acting out even more. My son is struggling at home. His stress levels are increasing, his anxiety is out of control. also giving those parents education on everything. And they have everything in there and Erica's lighthouse. It's a great resource for everybody to have

165 00:25:10.470 --> 00:25:18.870 Lisa Johnson Haire: Thank you, Nadia. Nadia, there was a quick question about how do you get the tick tok video to kids was that it through Remind? Through remind, yes. So we use heavily Remind in our school our school has a school Account that we use. So I send out the reminder for all the messages that I have with students are through remind I send the videos through there as well. Links for like a Google meets or if we have a zoom meeting I send everything through Remind.

169 00:25:40.410 --> 00:25:46.080 Lisa Johnson Haire: Excellent. Thank you. Okay, so next Angie Halsted from Nebraska. Is going to take take over for us.

171 00:25:49.440 --> 00:25:55.440 Angie Halstead: All right. Thank you, Lisa. Good afternoon, everyone. My name is Angie Halstead I'm a school social worker. In Nebraska. I work for the Fremont public schools in Fremont Nebraska. I'm also a school mental health advanced practice certificate student. This is my second year. That's been a huge opportunity for professional growth for me as someone who's considered themselves as a lifelong learner. I've been blessed to be a part of that program. This is my 26th year as a school social worker. I'm just going to talk a little bit about what can you go to the next slide, what our school district has done for students to support students and families. Honestly, we're we're operating at a real basic level, at this point.

176 00:26:37.680 --> 00:26:45.600 Angie Halstead: Our counselors and social workers compiled a list of Community resources that we can share with families that included agencies that can help Provide Financial Aid housing, food pantries, as well as Family Help lines available statewide, Um, it's been made available to all counselors, social

workers, and administrators, so that we can share it with families as needed. We're providing food distribution for all our students that originally was taking place on a day on a five day a week basis. And now we're down to two days a week, Mondays and Thursdays. On those Thursdays. We provide a backpack that can have food that can go home for food for the weekend. We've been lucky, lucky to have local cable companies offering free internet to support that remote learning that students are involved in. We're also fortunate enough that all of our students have been issued a Chromebook so that they can engage in that remote e- learning that we're doing right now.

183 00:27:43.710 --> 00:27:54.900 Angie Halstead: Um, we've tried to make contacts with all of our students just to check in with them via email, phone, those are conducted by the counselors, the teachers. Our teachers are having weekly group meetings with students in addition to their classes, those homeroom teachers are assigned to each student and they follow that student for those four years that they're in high school, so they become a really good source of support for those students.

And this is a new support that's been provided for our families in Fremont. It's an emotional support line that's available 7am to 7pm and through our local Methodist

Hospital. It's a free service and is confidential. They're calling in, they can call and talk to a counselor talk about their stress and anxiety going on with the pandemic.

And one of my roles at Fremont PUBLIC SCHOOLS IS I'M THE HOMELESS education liaison and that's Something that I've been doing the last several years, I've put together a number of national resources, these are Websites that contain a lot of information to help with supporting homeless students during the pandemic. school house condition connection is a national nonprofit that Has a lot of information and helps with how best to serve homeless students. The National Center for homeless education. And of course, the United States interagency Council on homelessness.

Some of the difficulties or challenges that we've had in supporting homeless students is They're sometimes difficult to locate especially now that we're not in school. Obviously, they don't want us to have a phone. They don't always have a computer in order for us to make contact with them. They don't have transportation that would allow them to make it to the food distribution sites and some communities in Nebraska and around Fremont have enlisted volunteers to deliver school meals or have arranged for distribution in areas that are easier to reach. We, for example, have a trailer court that's located outside of Fremont where our students do attend free month but they live quite a distance from town. We've moved what our food distribution out to the meadow brook area so that kids that would normally ride a bus into town can now just walk to the food distribution site right there in their neighborhood. The other challenges is that they may not have internet service to participate in E learning. We had a cable company in Fremont step up to provide those free internet services and I know that Verizon Wireless has added 15 megabytes of data so that families can create their own hotspots at home so that kids can participate. I've attached an article. This is about the Austin, Texas School District that have they began parking their school buses around town. The school buses have free Wi Fi capability. So their parking them and lower income parts of the city so that people can

participate And have access to internet services.

207 00:31:33.030 --> 00:31:33.960 Lisa Johnson Haire: THANK YOU. ANGIE

pwolf: Well, my name is Pat wolf. I'm a social worker in the southwest suburbs of Chicago. I've been a social worker. Now it's my finishing up my 26 or 27 years my 15th year I'm finishing up here in schools. I was in health care really really love working in schools right now. Especially like being you know in working in this challenging time. I am a first year student in the School mental health advanced practice and I really like it. I'm someone who obviously went to grad school quite a long time ago. And this has been awesome. A lot of things. A lot of these tools and research that's been done. This was all really kind of new and wasn't something That I didn't experience when I went into grad school. And even when I went back to get my certification. It was a little different.

215 00:32:36.300 --> 00:32:43.680 pwolf: Things that that we're doing in our school and by all means, I don't mean that our school should be a model. I just, you know, I think, to kind of facilitate discussion, Talk about what we're doing and what other people are doing. I'm interested in hearing it. We're trying to still hold IEP minutes we're focusing on annual reviews. Obviously, we have to have that we're doing that virtually where we are a Google school where every student has a Chromebooks or one on one school. We're trying to meet our IeP minutes as best we can. Our district, we have kind of an interesting mix of students and that we're pretty representative from socio economic status of all the world around us. We have a lot of students who have trouble accessing stuff because they're poor, and We have a lot of students who do have access to Internet and we're still not seeing a lot of kids sign on for E-learning.

Other things we're trying to do is we're trying to continue our group. So, if at all possible. The only thing you know areas of consent are obviously an issue for everyone. What we're trying to do is just get consent for the current groups that we're doing. If we have any IEP kids that are in there. That was the direction of our attorney.

222 00:33:54.270 --> 00:34:03.840 pwolf: We do have a school referral system that is set up with the teachers to do a Google form that then alerts the counselor. Number one, if a student is not Engaged in virtual learning and that also has a spot on it where they can bring up any social emotional concerns. So we've had referrals for things from anxiety to Someone whose house burned down to homelessness to all those things and it kind of gets generated that way. So it's pretty nice efficient system.

225 00:34:28.950 --> 00:34:34.380 pwolf: Challenges that we're experiencing in our practice like we talked about before taking care of ourselves as harder. A lot of a social workers that a couple of social workers, I work with, they have a lot of responsibility, , my kids are in college, so I don't have to deal with 3, 4, 8 year old nine year old running around my house. So that's good. Taking care of myself is certainly more difficult when I don't have the structure that's more difficult. How I try to cope is

I've increased the amount of time that I spend doing meditation, yoga, going outside and exercising.

One of the challenges to practice as one of my co workers, before I don't remember who it was, or colleagues before was saying was, it's a real challenge to try to set limits and boundaries. How much do we do. How little do we do to try to engage our kids.

229 00:35:26.070 --> 00:35:35.760 pwolf: Possible social emotional addresses issues to address that have come up for our school a lot of people talked about it. I know earlier in the chat box was a question of what's going to go on with graduation For our school. I know for prom and graduation. They have now set an alternative date for those for July in the hopes that that may happen. I did learn today that apparently for all activities There's an A, B, and C plan, depending upon where we're at in relation to the pandemic, so hopefully I can get some more information and share that with people about what that looks like, but You know it's it's a huge problem for our seniors for everyone's seniors, relationships, different types of termination allow these people aren't going to see these people ever again.

233 00:36:07.110 --> 00:36:16.290 pwolf: We've seen a worsening of mental health issues, due to shelter in place of financial hardships loss of revenue loss housing. So what we're doing is we're trying to hit all the usual suspects. Where is the kids and all the kids. We know that are the high flyers. We're continuing it but not expanding any of our tier two groups that we do for emotional regulation and such. Supporting in our school in tandem with the guidance counselors, I talked about the referral system we have updated our resource list and we're making available to our guidance counselor.

And right now, we're trying to come to an understanding with our school as far as how we can best present resources, things to do to help people manage themselves as far as with You know coping with stress, emotional regulation, those types of things, as well as mental health resources. So if I can bounce it back to you, Lisa. And then maybe we can start the question and answer period.

239 00:37:19.530 --> 00:37:26.520 Lisa Johnson Haire: while you guys were talking, so let me see, we've got about 10 minutes and there were a couple of questions. There was a question about boundaries and how to how you address your boundaries and how do you make them more firm. Does anybody want to address the boundaries question.

244 00:38:01.350 --> 00:38:07.530

pwolf: Okay, I guess if I could maybe say something that, you know, one of the things we do is we meet we meet In several different ways we have like a social emotional group which has made up of our Dean's or social worker or guidance counselors. And we're talking about social emotional issues. We're also meeting as the deans, counselors and social workers, As individual teams with our alpha split, but then more importantly is we're meeting as a team of social workers, and we're having these discussions because the people that I work with are very talented. They're very and no. By the way, I don't think anyone's on here so I'm not just saying it for points, but they're very talented, the very creative individuals and they Have come up with a lot of really great ideas like what a lot of things that I've heard here, but it's a question of, we don't really know how much work We're going to get, because we're really seeing waves of work and now we're being asked

to do more things To help support like our guidance counselors with certain populations.

So it's been really kind of a struggle to figure out how to say no and to doing extra stuff. I mean, we've had some sort of, I guess it's been kind of fortunate because we haven't had a lot of demands from our administration for social emotional support. They've been phenomenal and saying, do the best that you can. You're the experts come up with ideas will support you. Bring it up to us, but they're not trying to micromanage and say you need to do this in this prescribed way because I read something at, you know, some Administrative Level Conference, then wanting us to implement something that may not make sense for our school so so that's how we're doing it.

265 00:40:46.020 --> 00:40:49.110 Lisa Johnson Haire: Trying to work from home, you got a lot of nods for that Nadia.

There was a question about your check-ins are you doing your check-ins with general education students also Nadia Gomez-Moran: Yes, we definitely are. I didn't talk about it. But our calls are really awesome and they're doing such a great job at filtering through the information that we're getting just like students who we support staff are getting emails every day of lists of kids that are not logging on so Our counselors are doing an awesome job by looking at their caseload and looking at those kids that are not engaging at all and then Myself or the other social workers to take a look at as well, to see if we've done any outreach and then again or police liaison is also doing some of those home visits as well.

275 00:42:03.810 --> 00:42:11.820 Lisa Johnson Haire: There was another question about examples of forms for teachers. I'm not sure which forms we were talking about specifically I think we sent resources. I don't know if we had any teacher specific forms in in there. So if somebody if that was your question. You have a specific form that you were seeking when you let us know so we can address it while we're still on here.

277 00:42:27.600 --> 00:42:32.820 Lisa Johnson Haire: There's been more questions about platforms. What kind of platforms are you guys using for groups.

279 00:42:37.380 --> 00:42:50.430 Nadia Gomez-Moran: I can go our district, it has given us the ok to use zoom and Google meets. There were some questions regarding zoom in terms of either getting hacked or confidentiality. We have been using a consent form for any type of group that we're doing. We were told by our district that any type of individual service does not need a consent form, but any type of group service does So once we get concerned we do use zoom or Google needs. We're also advise to do this, zoom, but not the free version that we have to do. I think the 1499 version that allows us to mute people to take people off. So what I did last time that I did a group as I had I used zoom and I did mute everyone in the beginning, but it also on there was a student, I was definitely at his video games. It was swearing, I was able to kick them off or send him a message privately or mute him. So We so far we've been told that we can use zoom and Google meets as well.

284 00:43:44.370 --> 00:43:56.010 Lisa Johnson Haire: there was a question about gen

ed and permission. I'm going to come back to that because I'm also one of the Gen Ed people but Pat the question about the forms for teachers was for you. You mentioned you mentioned some forms for teachers in your presentation. Do you know what?

pwolf: They did. I don't know. I'm sorry. I think it's a Google survey or something like that. But whatever the Google Form is is there's a form. It just comes up, it looks like you're filling out a survey and they put in like the student ID number, and then they can just say, you know, they have to put in. How have you tried to engage the students? So you've sent an email you call the parents you do this. So the onus is really on the teachers to try to engage the students and then What happened and they send it in and if there is also or instead if there's a social emotional concern. They can fill it out and then automatically There's an email that gets sent to the Counselor, with a link and they go in and they do the document, they talk about their interventions and what they've tried to do, And then they let us know if they need further support because they've spoke to the family and there's a social emotional concern or in fact if there's a social emotional concern that they let us know. And then when we know that we're able to go in and we can update the Form to the so school has the record of what they've tried to do. And it also keeps track of what everyone's trying to do, I can find out a little bit more and Probably the end this week when we have some meetings and I can you know when we do our PLT i'd like to be a part of that. And we can have that discussion. And certainly when I find out more. I can also, you know, maybe upload it here to the drive or something.

00:45:23.730 --> 00:45:34.890 Lisa Johnson Haire: Okay, thank you. Because I didn't know if you were going to be owner of that document or it was going to be something that you would need to copy delete all the sensitive information, of course, and then share if you have permission.

pwolf: Right. And I would not put anything that would be real sensitive in there because a lot of people would have access to it. I might put a little more specific information. We have a separate documentation system that only the guidance staff have access to. And that's where I document a little bit more.

304 00:46:05.520 --> 00:46:13.440 Michael Kelly: Of time for people and I really, I would love to know everybody's reaction to this one because this is going to be a big focus of the summer institute that we're going to do. So the question was something the effect of what are you all doing. What are you thinking of doing when things go back to schools opening and there's been

307 00:46:33.660 --> 00:46:38.250 Michael Kelly: Really early in the chat as you were talking, actually, they said there was a comment by somebody about How there's new traumas that are being experienced. Right. I mean, certainly the losses that people are having around the health Of loved ones and their own worries, but also just the loss of all the things that we've just talked about prom, graduation, The social connections. So how each of you as the curious to know just how, how are you thinking with your schools, about how that's going to be handled. It's okay to also say we're not talking about it all yet, but I know some people are. We are. We do a lunchtime live chat. Monday,

Wednesday, Friday here on the network and I host that and that came up today. Somebody was bringing that so I'd be curious. I don't know if Nadia, you wanted to start just talk about kind of what you know about what's waiting in the fall.

Nadia Gomez-Moran: So it's interesting because as support staff, we, we have one conversation. And when we have administrators is definitely a different type of conversation where we have been hearing a lot is that there's a possibility that we could use somewhat of a gradual coming back of Like coming back in shifts. I don't really know what that's going to look like. However, our support staff has been very adamant and making sure that we understand that, like you said, there's a whole lot of different traumas that are occurring now and I can only imagine. In what state. Our students are going to be coming back and teachers too, I think, It's gonna be, it's gonna be different than but we, you know, there's conversations that are they're having. I think with administrators and they're not ready yet to let us know. However, we've been hearing that there might be, we might be coming back in waves as we come in, into the fall

Lisa Johnson Haire: Right now we're, we're looking at first, how we're going to facilitate graduation. There's ideas being thrown around. But nothing solid yet, um, I'm anticipating that we're going to have a lot more social, emotional needs once our students do get back in the building. So I'm, I'm really ramping up my self care and trying to make sure that I'm ready and prepared for whatever the day is going to bring when we do get to walk back in the building. So that's just how I'm personally effectively preparing And just making sure we're connecting and being available right now. So I don't know. I'm hoping that graduation ceremony will be Able to maybe be delayed or something so that students can get that full experience and and we'll see right now St. Louis County our stay at home order is indefinite right now they're going to review it in May on the 15th, but um they are not planning on lifting it were some of the highest area in the state. S

Michael Kelly: Anything else to add to that?

00:49:44.070 --> 00:49:56.370 pwolf: I don't really have. I'm not really sure what our school is doing with those things. I know it's being taken care of administrative level, but I just feel kind of disconnected from that I will get more information when I have my guidance meeting on Friday.

Angie Halstead: I have nothing to add at this point. I haven't been involved in any conversations about what it will be like when we return what the plans are any protocol policies, I'm still waiting here.

Michael Kelly: Yeah. So thank you, Lisa for. Let me just jump in with that question because it did come up in the chat. And I think what I've also put in the chat just now is the Summer Institute information and you are certainly welcome.

00:50:23.520 --> 00:50:35.970 Michael Kelly: Lisa, did you have any other questions that you saw

00:51:00.630 --> 00:51:09.870 Lisa Johnson Haire: There was one that I was answering personally. It was a question about gen ed and are they doing consents for actually doing

Video sessions with kids and and so I was sharing that I do ask for those. And I was using the NASW form. So I'll, I'll add that I'll download that and add that to the Google Drive and I see a lot of good stuff on On the Summer Institute.

338 00:51:45.480 --> 00:51:49.770 Lisa Johnson Haire: Does the consent include risk, etc. Using technology for groups, So the one that when Tanya Hernandez data did a talk earlier last month. So at earlier at the start of the

pandemic. She pulled up some some resources from NASW and its really, I really liked what they said about your safety concerns. It asked for. Not only where you are, but it asked for where you're sheltering in place, because we know that students may not be at their actual address. So in case you didn't need to make a call for safety. You would have access to that information. So it so it's there on that form. So that's what I'm what I've been using I see something about passive consent. There's a lot of For non groups in special ed sessions. So there's. . I'm not special education. So I'd have to defer that one to somebody else.

00:52:55.590 --> 00:53:12.120 Nadia Gomez-Moran: I can respond. I also responded that um we use a different consent form our district. I think spoke to their attorneys and they develop the different consent form, but it also included information regarding like you know consequences if they were to Snap take a Snapchat or a video of it also responsibility on the student of like, making sure they have a safe space, a private space and not using headphones. That we were also a staff, making sure that we are abiding by confidentiality and our and our homes and all of that. Um, and I think it's important to address that with the students as well.

Lisa Johnson Haire: Yeah, last one was just on crisis response in the community. So I would say That one Tanya did a good job handling and has one out there. So I would refer you back to the SSWN and look at Tanya Hernandez's presentation.

(Ending of group meeting talk)

Pre-K/EC SSW During a Pandemic Webinar

Michael Kelly: Hi everyone, welcome, we're going to be starting in just a few minutes. I think people are making their way into the room, we will also have this saved and streamed on our school social worker.net YouTube channel should be possibly going right now though it's a little hard for me to check both as I'm going through get things ready, but we will for sure, have it up by later today in the chat feature if you're new to zoom. In the chat feature, if you're new to zoom, and I recon probably at this point, we've all had some zoom experiences. But if you're new to zoom, you can get into the chat by looking down at the base of your screen in the room, go to chat. I've asked people if they're willing to just kind of introduce themselves and kind of say where they do early childhood Pre K work with kids and families and we'll be meeting our panelists in just a few minutes. Additionally, in the link. I'll just put it in there again because I know we've got new people coming in. This is the Google Drive folder that has all of the materials

that our panelists will be speaking from today. And those are the main items. We'll get started officially in just, just a few minutes. (silence/break). And this is my dog. Who has decided to join us today. One of my two dogs, actually. You'll see possibly another, a cockatoo in little bit if she decides to make an appearance.

Michael Kelly: Okay, are we ready. You guys ready?

All right, we'll give people just another minute to get in. If everybody coming in could take their video off. I think we've got it set the zoom settings to mute people explain more about what that is and how we're going to certainly make this as interactive as possible as we go forward. So let's get started. My name is

Michael Kelly. I'm a professor at Loyola. So here's my Loyola shirt (pointed to wearing Loyola apparel). I love being at Loyola. This is a real treat to be here today. I have three amazing school social workers who will be our panelists today. I'll be introducing the moderator in a minute.

And we will dive right into the topic that everybody came for which is to look at how to do pre K early childhood school social work during a pandemic, which is what we're all in and what everybody here is trying to grapple with.

So just a little bit of some housekeeping stuff before we get started with the presentation. This is the fourth of five webinars that we've been doing in this series. All the other three are now on our YouTube channel. [Schoolsocialwork.net](https://www.schoolsocialwork.net). You can go get all those, you can share those with your friends if they're in other grade levels. Lots of great resources there are also shared by school social workers, just like you. One of the other things that you'll see as we go through the webinars and you'll see a bit of it today with one of our panelist - Is one of the other things I do in addition to being a professor little is a director program called the school mental health advanced practice program, which is a 15 credit two year 99% online program to allow you to be become the kind of social emotional leaders that we all are, and want to be and want to build those skills further. I often joke that it's kind of the material that you wish you'd either learned in grad school or want to go deeper on. And we have one of our panelists who is in the SBMHP program today, and she may talk about a little bit about that. But that that program is heavily informed what we're doing today, which is that i i try to encourage and mentor and empower school mental health professionals to be leaders. And so we're about to see some of that, where our panelists are going to show you what they're doing, how they're trying to help support their communities and their parents and their schools. So if you're interested in any of that you can go find stuff up about it. I'll put some links in the chat as we're going along. Today we are looking for applications by August 1 and anytime before then, you're welcome to get stuff in.

00:06:09.210 Michael Kelly: Another announcement related to Loyola is we have a Summer Institute we do, which is a CEU based event. So, the other one is a graduate level credit. That is going to be July 16 and 17th. Again, I'll put a link to that as we go through today. And a lot of you have seen that on school social work network. That is a wonderful opportunity to come together, you know, really learn a lot of the things that

we're going to hear about today about how to enhance your practice. It is 13 CEUs. And this year, because of this crisis, we're in. It's completely virtual so you can be anywhere in the country are really the world and come come join. But we, we welcome you to come do that as well. And the really the, I guess. The final thing that I wanted to note because it's going to come up later. And I don't want it to kind of come out of nowhere, is that we've put into the chat already, is a link to the Google Drive folder, which is where all the stuff that our panelists are going to speak from is living. All the other

presentations, including the one that's coming this afternoon, the middle school one, are also going to be there. So you can go get those you can share those everything that's there is meant to be shared. You'll also see in that document, a link on a Google Sheet - which I know we're all getting good at using all the Google Tools suite of tools - It's a sign up sheet for any and all people that hear this today, or who are talking to friends in the field, who want to continue to have these conversations in a more, kind of intimate space, where we have a professional learning community, where people want to talk about early childhood and Pre K work. And so I haven't put these three panelists up to, to say they're going to lead it. But we do have a lot of interest in people doing that. So if that's something you want to do, you will be welcome to sign up for that as well. We already have people that are signing up for the other grade levels. Also, as we're coming as more and more people come in, if you want to say hello [in the chat box] and tell us where you do your work, that would be good because that'll give us another lens to go from. The last thing I'll say, and then I'll get out of the way, is we are going to mute everybody because we're going to not have enough bandwidth sound space to have everybody unmuted and worry about background noise. So we will ask you to put questions and comments in the chat. I myself and my panelist colleagues are going to monitor the chat, we will make sure we try to answer every question, we can by the end of the hour. If not, we'll for sure try to respond later on the schoolsocialworknetwork. Um, yeah. And I think that's, that's all that I have for that. Okay, so let's let's get started. Officially.

This is the early childhood Pre K school social work in a pandemic webinar. I am so grateful and excited that these three panelists have agreed to be here and share their expertise.

Michael Kelly: The genesis for this whole series actually comes out of early childhood pre k because there was a lot of chatter and discussion on our school social network about what people are doing and what what people might want to do to come together to talk about these things and some steps later that became, well let's maybe get together like this. And then it became, well, what if other grade levels wanted to do it too, and there was interest, and now here we are. So, a big thank you to the early childhood/Pre K folks for getting it started. You have three panelists and the moderator that I want to introduce who is going to take us through the rest of the session.

Michael Kelly: Megan Berkowitz LCSW, is a social work supervisor for Apple Tree Early Learning Public Charter Schools in Washington DC. I've benefited greatly from learning about her work and what she's doing in this interesting time. So Megan, please take it away.

00:09:55.620 meganberkowitz: Hi everybody, it's a pleasure to be here and I'm excited to learn from all of you, and especially Gabby and Cindy, who will be sharing. And again, I do have little ones. Early Childhood kids actually in the background. I think we've all been on these calls before with some noise. Just a little plug for us. Apple Tree Early Learning is in Washington, DC. We're a network of nine schools. I think we are really looking to share resources with people across the country. Washington DC has universal preschool and Pre K for 3 and 4. Every three and four year old in the city is able to get a free full day education. So we have a lot of clinicians and the city who are really grappling with it right now. So we have two amazing speakers today. And then I'm going to go at the end just to kind of round things out. We're first

going to hear from Cindy Freck. She's a school social worker at Indian Primary School District number 204 in Naperville or Illinois. She's been there for 18 years, working with preschoolers ages three to five. She currently is completing her final coursework to receive an additional graduate certificate at the Erikson Institute for Infant and Early Childhood Mental Health. So she is really the expert on the panel. And if you are looking for some extra tips for being at home and the pandemic, she can talk to you about the ukulele and gardening. So I will go ahead and start to share my screen so she can get ready.

00:11:43.980 Cindy Frech: Well, thank you, Megan for the introduction. I think we're all in this together, is what we're finding. So I put together a couple slides just to kind of talk about some of the, I would say, my go-tos in terms of looking at, you know, what resources are available to families, and also to my colleagues in the early intervention system, as well as the teachers that I'm working with. So, the first slide, I thought I would tackle it from a systems approach and just kind of look to see, okay, so what is the school district doing and when I pulled it up, these were some of the things that that were put on our front page. So I'm glad that as a kind of a macro system kind of approach that they were able to take some of the resources that all of us have pulled together and put out there. They put those out there for the parents. So some of those links you probably can link if you go to the Google Doc, you will be able to find some of those that we're using just at the system at large.

The next slide kind of starts talking about one of my favorite websites, I would say at this point. The National Center for Pyramid Model Innovations, which is kind of a national effort. We've been using a lot of these different websites that are in this Pyramid Model for many years at the preschool. Some of you probably have used those as well. I would like to click on this one, Megan, if we can, because it'll be a little bit more... So when you go to this front page, a lot of the resources that are listed on this very front page are the ones that I'm pushing out to staff. I'm pushing them out to parents, and we've embedded them in some of our little learning plans. So if you're looking for some things for learning plans, there's some nice little social stories, you know, 'Why I can't go to school?', and take a look at that page. Those are some great, great resources. So this is my go to. So if you're looking for go-to Resources, this is a nice one. There's also information in Spanish as well. So that's, that's my top one there, I would say, that I'm using it quite frequently through this pandemic. Even when it's not a pandemic, it's a great resource.

So the other go-tos that I've been using are, of course, Conscious Discipline. If you're aware of that early childhood program. That's a good one to pull some stuff off. Somebody told me that there is a There's a free 30 day, you know where you can kind of hook on and get some some free resources. So check that out.

The other go to his child mind Institute at a New York. Again, there's the link there if you want to go to it. I, you know, this is one that I give to parents. So if you're looking for something for parents, this is a nice resource because there's like a little daily Model thing or just a little daily topic that they kind of pull up and they talk about. There's also access to, you know, if you want to do telehealth, you know, as a parent, so they can hook up through that. But I have found that it's been a very nice resource. And there's all different kinds of topics. It's not just the pandemic thing. Again, this is another resource.

There's resources for Teachers, there's resources for parents. So again, go check that out. And then another nice resource. In fact, today I kind of went on there. I thought, Oh, let's see. What's the topic today and I pulled it up and it was self care. Of course, you know, we need to take care of ourselves too.

Some other ones are just favorite another little social story on YouTube. We've used this - embedded in our little lesson plans. It's a nice resource. The other one is Zero to Three, don't forget, a lot of our kids are developmentally delayed. They're in, developmentally, they're at that younger age. A lot of resources at the Zero to Three are going to apply to some of these early learners, because they're just not at that age-appropriate level yet. Other resources are the Midwest PBIS Network. I'm sure some of you from other states have your own state PBIS as well. Check those out. There's so many resources out there right now. I find myself starting to get a little overwhelmed. So make sure you're in a good spot, again that self care is very important. So those are some of my favorite resources on that page.

Cindy Frech: The other one is, you know, through all this work, we're picking up all these other resources. Kind of on the back burner is all the loss and the grief that all of us are facing. Whether it's a loved one that we've lost, or just the loss in general, um the loss of the life that we had. This has been, before the pandemic, this was one of my favorite - a little plug for Dr. Wolffelt here. This was one of my favorite resources to go to for grief and loss, and he put together a nice series of letters that parents can read, or other adults can read, there's a nice YouTube link that's on this page that talks about how you would talk to a child. And he's very simple. He breaks it down, and it's a very - he does it in a very soft calm manner - and I have just thoroughly enjoyed listening to that as well. And again, this is one of those resources that that I recommended that they put on the District website. I was surprised that it had made it up there. So somebody else liked it too. So, you know, never underestimate the power that you have to give someone some of those resources so I feel good that I made a little contribution there. So that's that one.

And then of course you know, and Megan and Gabriel can speak to this again - But just a little sample of one of the lesson plans that - actually I didn't put it together - but the school psychologist that I work with, Devin, whose picture is down at the bottom there. She put this together, based on those resources that I sent out to everybody. So she was

proactive in putting together a couple lesson plans that we've kind of shot out through our early learning programs.

So, those, that's, kind of the end of my presentation. Those are the ones that I - Those are my favorites. So go check those out. There are so many resources out there now. It's just amazing. And I plopped a slide in here about just the early learning community that I've helped establish, but we will talk a little bit more about that one later. So, thank you.

00:20:04.290 meganberkowitz: And again, if you have any pressing questions just pop them in the chat right now. Like Michael said, everything is available for you so you can click on all of those links as you go. So next up we have Gabriella Ramirez, who is a school social worker with the Chicago Public Schools. She has a degree in psychology from the University of Illinois at Urbana-Champaign and her Master's degree in Social

Work at the University of Chicago. She's in her second year in the school mental health advanced practice program at Loyola with Dr. Kelly, so she is a good resource To ask about how that goes. And she attended Chicago Public Schools as a student for 14 years and she, also like Cindy, has been working as a school social worker for 18 years. And she, right now, has been at an early childhood specialty school with students between the ages of three to seven. And I know talking to her, she had a caseload that would just blow your mind. So she is also a very good resource to connect with. She's going to talk to you guys today about a support group at her school for parents with children with special needs, and how she is adapting that for the new virtual world.

00:21:25.500 Gabriela Ramirez: Okay, thank you, everyone. I'm glad to be here with you all. Um, so I just want to talk a little bit about what I've been doing, thinking about doing. I know this is an overwhelming situation for a lot of people and, you know, it's still like up in the air. We're not sure, there's a lot of uncertainty. We're not sure what's happening, or when it's all gonna change. So this has been a process, I think, for all of us. Um, if you can go to the next slide.

So Megan talked a little bit about my background, I just want to stress that the school mental health advanced practice program has been wonderful. I've learned about so many resources, evidence based interventions, working in schools. And I think as a school social worker, um, you know, there's many times where I feel like I'm reinventing the wheel. You know, like I know somebody has had to deal with this issue. So I think this program really brings all those resources together to be able to become more effective as a school social worker. So I've really enjoyed that.

So the school where I'm at is a specialty school and it's early childhood. So we have kids who transition out of the early intervention services from the state, And then they're evaluated by our district, and they're placed with us. So these are kids who have pretty moderate to severe developmental needs. This can range from developmental delay, Autism, there are some kids who are, you know, are very medically complex, have a nurse with them at all times. Um, and then we also have three classrooms that are blended Pre-K classrooms, so the kids who are in the Gen Ed classrooms, they transition out of our school prior to kindergarten. So we go to first grade for the kids who have an IEP.

Um, so as part of my school change project - through the school mental health program at Loyola - So I'm doing a parent support group. And, I had already been doing a parent support group, but as part of my school change project, I decided to change it up a bit to provide more support to parents. So for example, I was doing, when I first started at the school in 2012, I was doing a monthly meeting for parents. It was just to give them information on various resources, and I would do it in English and Spanish. And so that was hard to go back and forth translating and when people have questions, so when I thought about my school change project, I really thought, you know, parents have to have their own separate space and opportunities to just make connections with other parents and their own language. So part of my school change project involved offering the parent support group in both English and Spanish, and also increasing the sessions. So, prior to the school closing, I was doing a parent group every week, alternating between English and Spanish. And I had various topics that I would talk to

the parents about. But basically the purpose of the group is to reduce parental stress. And at the beginning, in October, I administered the Parental Stress Scale, and my hope was that in May, I would do the post-intervention survey for the parents. But that's not going to be possible.

But I still want to provide parents with support, and so I broke up the group into three sort of categories. So providing parents with information, practical resources, and also providing them with an opportunity for a social support network.

And so when I thought about what to do during this pandemic. I mean, the first few weeks. I think we're all like waiting, like, is this really happening? Or, you know, how long is it going to go? Or, I never imagined that we'd be out for the remainder of the school year. So I think it was really hard to come up with support because we were not sure, you know, what was going to happen in the schools.

And then a lot of it was that, there's just so much information out there, that it's just very overwhelming. And I kept thinking, Okay, I have to organize resources by categories. I have to do this. I have to do that.

I did know that I have to start with basic needs, because that's it's so important, you know, so many people lost their jobs, so many people, you know, are dealing with trying to work from home, or dealing with, you know, obviously illness, or loved ones getting sick. So there's just a lot of stress. And so, one of our clinician delegates for the Union, shared this resource with us. So the Chicago Teachers Union compiled a list of resources, and it's organized by categories. So food, how to apply for unemployment benefits, tenant rights. I mean, just a variety of resources. Um, and I thought this was good to share with parents, because I don't want to overwhelm parents with one message after another. So, this was a good one, where they can go at their own leisure and look at what what the resources are.

I've also had some questions from parents about, Am I getting money for my child? You know, so I've tried to provide them some information about who qualifies for federal stimulus money, um, when they can expect that. So unfortunately, there are a lot of

people left out from receiving support from the government. So I recently found out that if a US citizen is married to an undocumented person, their entire family does not qualify for Federal stimulus money for COVID relief. So that was really disappointing for a lot of families. So even if they have children who are US citizens, they're getting zero money from Covid Relief. So that's been hard. Something that I plan to share with the parents is, in Illinois, Governor Pritzker expanded the SNAP benefits. So the food stamps. So I'll be sending a message to the parents about that, because that just happened in the last couple of days.

So, definitely, basic needs are a priority. But then I thought, you know, how do we share information to parents. SO, when it was the last day of school, I did share a social story with the parents and everyone. We shared it through email, through the Remind app, and also paper copies with the kids. I mean, it's just a simple story put together by Easter Seals, but I think, you know, in early childhood, the visuals are so important. So that's just an example. There are many, many out there.

Okay, and then I want to share a resource that's very important and has been super helpful for me. It's this. I learned about it through the School Mental Health Program. So it's a program called Afirm - and it's Autism focused intervention resources and modules, um, I've gone on this website because they offer training modules for parents and professionals to learn about various evidence based programs for working with children with Autism. So recently I was doing a module on video modeling, which is amazing. I didn't get to finish yet but I'm hoping to go back. But anyway, Afirm developed a COVID19 toolkit, which is so amazing. So that I shared that with parents. And that's been translated into, I think like seven or nine different languages. So it's awesome. I shared it in English and Spanish. I probably will also share it in Polish. But, it's a whole tool kit with help with helpful information for parents about how to establish routines. It includes pictures to develop a picture schedule, it talks about, you know, taking a break, like a mental break movement break and then pictures with, for example, you know, going for a walk, going to ride a bike so kids who are non verbal - and all kids in early childhood - definitely need that visual support. And for parents, if they have the access to print them out or show the kids on their phone, that's a good way to engage the kids. Also calming strategies. And then, even tips on how to connect with others while maintaining that social distance, but still you know how to FaceTime someone or, you know, writing a letter or just different ideas for parents. And then they also include like, crisis lines, and you know, how to deal with just the stress that people are facing. So that's like a one stop shop. I love that resource. It's been amazing. And I love that it's in so many languages. So that's the information part.

So I'm still getting off just trying to reach parents. Like, now, with with not having a person to person contact Parent support group, I thought, well, how can we continue to provide parents with social support? And I think one of the ways, is that we use the Remind app at our school, and we're constantly sharing messages. The teachers use the Remind app to also post their lessons there. Those are also on our website. But the Remind app is used as well. Our assistant principal, who was amazing, developed a video. She put together a video and with all of the staff members' pictures and we put messages on there so the kids love seeing that. That's also on our website. Um, you know,

the teachers have regular office hours. They're available to support the parents or answer any questions.

And I think in early childhood, definitely, that there needs to be flexibility. So you know, we can't expect the kids to be available for a virtual lesson. I mean, that's, I don't know how realistic that is if they nap, they have to eat, you know, do everything that little ones do. So there's flexibility and pre recorded videos or lessons. Um, and then I sent a message to all parents, just sharing the resources with them and saying, I'm available if you have questions or concerns, and then, um, I have received several emails after that message. And then another way is, um, you know, on our website. The teachers are amazing and they have their classrooms listed, they post pictures on there, and some of the parents have told me, you know, 'my son asked me to look at the pictures on the website.' So that's a great way to connect and you know, remind the kids, 'This is temporary, and look at your friend in this picture. Remember when you guys were doing so and so activities?'. So, that's a good way to help the kids remain connected, and for the parents to feel supported as well.

00:33:51.420

And again, this is the resource on the Afirm, the modules and the toolkit. Um, and then another resource that I just came across is the Center on the Developing Child. So that's out of Harvard. And they also have, like, a toolkit or a guide that you can share with parents. And they offer articles, just information, videos, and also infographics. So, the next slide is an example of one of their infographics. It's hard to see but um I think this is a lot of information in just one nice picture that can be shared with parents about, you know, how, does this whole pandemic relate to child development. So there are a few other infographics and just links to videos and child-friendly activities. So that's a great resource as well.

Um, as far as supporting the children directly. So a lot of the students that I work with are non verbal or, a lot of them are on the Autism spectrum. And so even if they're already like first graders, they struggle with the verbal communication. So, what I'm working on, is establishing a weekly theme. And so, I have an idea for weekly themes and so I use a Second Step program at our school, and some of the teachers are also implementing that program. And, so I'm going to be starting with like, reviewing what the listening rules are - There's a learner song. You know, talking about different feelings, frustration, anger, disappointment, there's a whole lesson, and it gets reinforced every time, with what are the calm down steps. And then just another topic that I thought would be helpful, is sharing, taking turns, playing nicely with siblings. So those are some of the themes that I plan to, um, you know, just talk about with the kids. And the way that I'm going to do it - I won't, unfortunately, because I'm in a specialty school, and there's a high number of special ed meetings, I won't be able to do, like, direct therapy individually with every child. I do a lot of groups. But what I plan to do is some links to the parents with the second step lessons which are available for free. And I think it's amazing. They're going to be available through the end of June.

Um, so if you can go to the next slide. So that link there is for Second Step. You'll be able

to find videos from pre K, early learning, all the way to fifth grade. They have visual support. They have posters that you can share with parents of the calm down steps. There's just a wide variety of resources on there, so I'm loving the way that it's organized.

And then I haven't done this yet - one of our teachers at my school is doing this, but they're using 'Screencast-O'Matic' to make short videos, to send messages to kids, or to do screen - if it's circle time. The teacher is, um, you know, following along the movements of the song in the corner of the screen. So I haven't tried it yet. I'm not real tech savvy. I'm going to give it a shot. But I think that's a good way to personalize your message, or personalize a lesson. So for example, if I want to talk about, you know, calm down steps, right. Um, I can start by introducing the lesson and then going directly to the Second Step website. So that's a good way to do it. I'm still working on it. That's a work in progress, for sure. Um, but that's all I have. If you have any questions, let me know. Thank you.

00:38:03.600 meganberkowitz: Thanks, Gabi. Michael, are there questions popping up in the chat?

Michael Kelly: Yeah, I mean, we could do some now - or what do you want to do?

meganberkowitz: I think doing some, that would be great. And then I can pop in again.

Michael Kelly: Great, great. So first of all, Cindy and Gabby, thank you so much for what you presented so far. A couple things that I saw on the chat, then, is wanting to confirm - and maybe this is a good one for Gabby first, and then both of you to answer. How are you staying in touch with parents? I know there was the Remind app you referred to, Gabby, in your in your presentation. But if you could talk about like what tech you're using, or just kind of what strategies you're using, and then maybe we can hear from the other panelists too.

Gabriela Ramirez: I guess at our school. So we do use the Remind App. And that's how I've shared resources about like - Chicago had rental assistance for a little bit - they had it, or or maybe still do, I'm not sure if those funds are still there. Um, they had showed the CTU resources from the Union - I shared those through the Remind App. So, I just make sure that if I do send a message, you know, I just keep those lines of communication open. Like if you have a question about this, or if there's a resource that's not listed, and you're in need, please email me. Also, our website has like, for the teachers, um, they share anything that's shared through Remind App is also on the website. So all the lessons, all the videos, are all on our website. So that's how I've been doing it. And then, as I introduce the weekly themes for social emotional learning for the students, that will come with a message for the parents as well. So, how they could support that lesson at home, ideas for supporting that lesson.

Michael Kelly: Before we hear from Megan and Cindy, just to clarify - it sounds like the lesson plans and the things, the very cool stuff you are planning, is about to happen - because of the Spring Break that CPS had, or just kind of your lesson plan timing. Is that right? I mean, I'm hearing you talk about something you're **about** to do.

Gabriela Ramirez: Yes. Yeah, we did have a couple weeks where we weren't sure, like, are we going back, you know. That kind of held us back a little bit, and, you know, in suspense, a little bit. But, um, yeah right. We had our spring break week and then last week was our first week of remote learning.

Michael Kelly: Got it. Okay, great. Good. Thank you. Megan or Cindy, whoever wants to answer - the same question.

Cindy Frech: I think our school is using, of course, Zoom. Email. The teachers use the Remind app. I haven't had access to that yet. Um, but those are the main ones that we're using.

meganberkowitz: And I don't want to sound trite but I think that we really come from, like, we **do** need to meet the parents where they are, and I think we found over the last five weeks, like the settling into, like, who we can find, who we're connecting with, how we're doing that. So, some of our campuses use class Dojo and we really supported the social workers with working with the teachers to make sure that this line of communication is streamlined, where families aren't getting so many calls from a lot of different people on a lot of different platforms. And so it's tested, the one that works the best for phone

calls, we're using GoogleMeet for direct services, with a backup of DoxyMeet if the family is has data issues with GoogleMeet. And what we really found is, Oftentimes the school social worker is kind of like the one that gets in touch first and shares out with the rest of the team, like the family is only answering calls from 7 to 8pm, and that's when they're really in, and if you text before or after that, she's not going to get back to you. So I think by now, I really like we've kind of figured it out. But it's kind of all over.

00:42:33.240 Michael Kelly: Right. Well, and I think what you just said, though, about having gotten to where you figured it out and the time frame. I think when this first hit, I think people had this idea that we would just like, go in the back in our districts and come out with a plan in a week and like, you know. Even the districts that did that, which there weren't that many, that I was working with nationally - even that, they've revised their plans extensively. Right. Or they had a really great plans that were contingent on these parent contacts happening all the time. And it's exactly what you just said, Megan, that they either weren't getting responses from parents, or the responses that they were getting were very kind of time sensitive within the parents' needs, because parents are obviously - and we're all in it - but like parents are dealing with job loss, health issues, all there's a lot of other things that - not that come before school - but are on their minds as well.

So I appreciate you, giving that context. And I think that the other thing I would just, answering the question, is the important thing is not that there is one answer to that question, but that the answer really be attuned to your parent community and also what your district is willing to support. They have to support something you know that you're going to do. And that's important.

There was another question, Megan, that I wanted to maybe ask everybody, because I

think it cuts to everybody's stuff. The question about IEPs and mandated service time - how people are managing that, and what the expectations are for you doing that, and maybe, if you're not directly providing it, what the people you work with are doing. Do you want to take it Megan?

meganberkowitz: So I can answer just from the DC perspective. So I know that our office, for the state Superintendent for Education has been funneling the guidance from the feds through us about that. And so what we've basically done is as much as possible, kind of meet the requirements of the IEP through direct service. But if that doesn't meet the needs of the family, then tailoring it as such. And I think we're really in the position of figuring out the best way to document that because if consultation is the best method for the family, but consultation isn't on the IEP, figuring out how to appropriately document that. And then we also have a number of campuses who are doing a really good job with co-treating, where it may be if they actually weren't doing much co-treating before, they're really trying to do that now. Again, to get to be the issue of if a child has five different related services and specialized instructions, that having six different calls multiple times a week is very overwhelming. So how do we co-treat as much as possible.

Michael Kelly: Cindy, do you want to weigh in on that?

Cindy Frech: Sure I can kind of jump in on that one, too. We are, we've been doing a lot of parent led lesson plans. This week we are trying to incorporate a little bit more into some zoom calls and it's still, it's still parent led. But in addition to that, we're pushing out some SEL lesson plans that again, the parent can do with the child. So that's kind of where we're at right now. I don't typically have a large direct service caseload right now. I have a lot of children on consult. So my push has been to keep that relationship with the parent and give them some hands-on activities to do with the kids at home. Um, but that could change in the next week or so, who knows.

Michael Kelly: Thank you. Gabby?

Gabriela Ramirez: Um, so for us, we, we are approved to use GoogleMeet to meet with the families, to meet with the kids. You know, they're little, so it's, we do have to let the parents know you know, 'things are not confidential' and all that. But like for our students who are so young, I'll be doing mostly consultation. So all of my direct service minutes students also have consultative service and so like, I cannot bill for direct service unless I'm directly, like on a screen, you know, with the child and parent or over the phone. So I think that's going to be really hard to do, especially because most of my work is doing social skills groups and so I'll be doing mostly consultation.

Michael Kelly: Yeah. Oh, thank you. And again, you can see the array of ways people are doing it from just the three of you. There is another question. Maybe before we move to the resources you're going to share. I'll just read it because it's a good question from Christie. I'm going to get your name pronounced wrong sorry Resenia Nena- *'Is anyone doing initial evaluations as related to child find for the preschool population? Our district continues to receive calls from parents who are concerned for the child's development, as well as children who are scheduled for initial evaluations when we*

closed. ' Any thoughts on that? Anyone want to take that one?

00:48:01.530 Cindy Frech: I can step in on that one. We are still doing initial evaluations, but it's basically on those children that are coming from early intervention that have an IFSP plan. We're doing a basic parent interview via zoom and taking that information and then contacting early intervention therapists, as we can. We have not done any yet on children who just come through, say, perhaps with an 'Ages and Stages' questionnaire that's been filled out. We haven't tackled that one yet. So we're there just along with you guys, so we'll keep we'll keep plugging along

Gabriela Ramirez: Well, I was just going to mention that my school, we don't do those evaluations straight directly out of early intervention services. So we have early childhood evaluation teams. So at this point in time. I'm not sure how they're doing or planning to do evals. I haven't heard yet.

Michael Kelly: And Megan, this one actually relates to what I just asked the panel. Someone asked about opening evals that can't be completed - both initial and re-evals - and it sounds like there's, like Cindy said, there's people kind of still trying to keep that going. But you know, there are districts I'm still hearing about, maybe less so in the early childhood realm and more in the K 12 part where they are

essentially either pressing on with everything, you know, all systems go, and some districts have actually just kind of paused those.

And it's an interesting question because I'm not sure legally that's actually doable, but there are some districts that are defining the crisis as allowing them to do that. So, I'm curious to know, like, what you're seeing where you all are as well.

meganberkowitz: I'm DC, I think, on a scale of one to 10 with 10 being pressing on and probably like an eight and a half or nine. So we've been finishing all open evaluations, holding meetings... So we're sending students to kindergarten for the next year, so we're finishing all of those meetings. We currently, to my knowledge, don't have any new referrals, but that doesn't mean that we wouldn't see them. And so I think we're kind of taking everything as a case study in something new and using the guidance As best we can to fit the needs of the child.

Michael Kelly: Anybody else?

Gabriela Ramirez: We're kind of going on a case by case basis. So depending on the information that we were able to gather before the schools closed. So if there are some evals that definitely, like the team members did not have enough information, those are are going to wait until we reopen.

Michael Kelly: Okay. Um, maybe let's let's go to Megan. Megan, if you have additional information you want to share with the group before we kind of start winding up? You're muted there.

meganberkowitz: Sorry I they hit share screen with no screen.

00:51:21.540 meganberkowitz: Um, okay. So, um, I wanted to just round everything out... it's loading. I'm kind of just talking about the structures. They think that Gabby and Cindy really hit on everything. I think we've all been very overwhelmed by all the resources coming out. And I think, again, like we've hit this five week mark where we kind of have learned, like, what We really feel comfortable doing. And I know in the very beginning, I was very overwhelmed and as the school supervisor, I wanted to mitigate that overwhelming feeling of like, it is possible for my team, which I know wasn't totally possible. But we really, I really, wanted to keep these goals for my team because, I think, to the point that we just talked about, like, going full steam ahead - fulfilling hours 100%, keeping 25 to 30 minute social skills groups, a week is just not physically possible in the environment. And so what are, how are we really grounding ourselves as a team and what we can accomplish. So they're really just three goals that I'm asking my team to focus on, which is: maintaining relationships and connections, because we know that's the foundation for so many - supporting wellbeing and safety for the family, so do they have what they need for resources? Are you making sure that they're connected to either us or another mental health support? And then, if families are ready, continue to provide that skill building and counseling that we were doing in school day. And, so, that's really what we're doing. We're asking, we asked social workers

to, right before we went out, to identify all the students at their campus that they wanted to maintain connections with either for case management, one-to-one social skills or group for counseling. And really, what are the feelings they were going to really hone in on? We created a shared resource drive that they continue to access and add to, and then we have a number of obviously, like other cities, a number of free food sites, but not all of those sites are accessible by public transportation or if I am three quarters of a mile away from a grocery store or a free school site, going there with my three kids, and maybe I don't have a math for all of them, so it's just not possible. So we have been supporting grocery and, like, provision delivery too, either in the car or other methods.

For direct services. Again, really just trying to like mitigate the overwhelming feeling for everyone. We have a rubric for social skills group, it really says like, what kind of key things you should be hitting when you're providing social skills groups in the school - We modified that for home. And so as you can see from these steps, we're really saying that social skills groups could really be like a maximum seven minutes. And really the main goal of this is like maintaining that connection and relationship first, and then the skill building or the goal is then really secondary. And so, I'm, as you can see, we have three and four year olds. And so, asking a three or four year old to be by themselves on GoogleMeet or on the cell phone is nearly impossible. We have a number of stories where the child is given the phone and then they just put the phone down and go about doing something and the clinician is on the phone going, 'hello, hello.' Um, and so, really working as much as we can, side by side with the parent, at least having the parent in hearing distance for them.

And then we've also like a number of other people have mentioned, we've updated our Tele health consents for counseling, just to be really clear, that we can't totally maintain confidentiality. We also added a clause in there that said that we really want to abide by the NASW tech standards, which really do say that Telehealth might not be appropriate

for all parties and we need to assess that. So if the clinician and parents together decided that Telehealth isn't the best method, then they can decide together what else can be done to support that. And again, like I mentioned, we are really hoping for family support during the sessions and again, If the family is just not ready to do you know 10 to 15 minutes once a week, we totally support that. How else can we help you during this time?

And then also all of our social workers are helping out at their campuses. We have nine campuses and nine, social workers, and one for each campus and they're supporting a number of different ways. it's not anything that's totally new that's been shared, but recording SEL and then posting them for all students. We're currently working on a series right now where we're recording home behavior management videos based on parenting with from will tile, which will be a series of 90 seconds to two minute videos going through all the steps for that. But I'm happy to share out with the network when they come. Our social workers are joining class meetings. And then we are also, we also partner with Georgetown University for some mindfulness sessions for staff specific campuses, knowing that we really do want to support staff at this time.

And then, as well as this social work team support - we've moved to weekly virtual group supervision. So we were having monthly group supervision before. We're now doing it weekly, also to maintain

relationships and connections with each other. We've, I've tried, to support a focus on reviewing the Code of Ethics during this time as we try to apply all of that - and then sharing our resources and reminders for everyone through weekly team meetings.

Michael Kelly: Alright, well thank you, Megan, and thank you everybody - our panelists. I had a few kind of last things I wanted us to do. We do have time. If anyone has any kind of last, last questions, to get those in. Another thought - and I know we've referred to it a few times today. Cindy, Gabby, and Megan are all part of school social work network I mentioned, and a lot of you might be as well. I will try to put a link in case you're not. If you want to join. It's 100% free. It's meant to be a social media platform where we all come together and do things like this. And also lunchtime live chats, which we're doing Monday, Wednesday and Friday, it's lunchtime in Chicago, it's maybe not lunchtime everywhere. It's 11 to noon Monday, Wednesday and Friday and you can get there on our Site and just chime in and just come, come whenever you're interested and want to do that. I will also be having people continue to guest host with me. And maybe, some of the fine folks that were on today, I'll be seeing if they're interested in doing that.

But mostly what we want to do. I think in winding up today is to just kind of take it to what what awaits us and what we can do to keep on going and keep being, you know, confident that what we're doing is making a difference. I think you've heard a lot of tremendous examples and resources and just passion and care from our three panelists today. And I want to just continue to encourage you to find spaces where you can, you know, get fed or get inspired like I've been today, listening to the three of them. So to that end, we have in our Google Drive folder - If you go and want to do this - We have the option for people to elect to sign up to be part of a professional learning community that will be organizing in the coming months. My sense is that, you know, like any group, we

need enough people to run it. And you know, I haven't set like, an exact number, but realistically, we'd want to do it with a group of people that are committed and want to do it for at least a couple months. I put in the chat that it might be something that people do through the rest of the school year and then decide to pick up again in the fall, or may say, *'Hey, you know, let's keep going through the summer'*, because one of the big issues that I'm seeing again and again - Megan Cindy and Gabby - As people are beginning to, as much as the situation is still crisis, and still full of lots of things that are uncertain, there's also a new uncertainty which is - If and when schools reopen, how are we going to make sure they reopen well. And, how are we going to manage what is undoubtedly a traumatic situation happening to all of us in real time. But it's also going to have new traumas that come to school. And you know, we don't need to belabor what those are. But certainly, you know, if there are people directly affected by the covert crisis in your school community that's going to be one trauma. If there are people who have had massive economic impacts which there will be. That's another trauma. And all the other things that we social workers know often come with people who are thrown into economically desperate circumstances. All those things are going to be part of reopening school. So if any of that lands for you to say, *'hey, you know, I want to stay after this. Today I want to stay part of this'* - I welcome you to do that. And I am excited to think about that more with this group.

Michael Kelly: So the last thing I guess I just want to ask is, we've got a few minutes, if each of the panelists Just want to offer any last words about something they would say, as a takeaway or something they would wish for the the webinar attendees to take with them today. Maybe Cindy, can I ask you first, something you'd like them to take with them?

Cindy Frech: Sure. I think that's a big takeaway would be to continue to reach out to a platform, such as the school social work network to explore, you know, how everybody else's is accessing resources, Or, you know, coming up with lesson plans for the fall when we get back. A PLC is a great way to to access that. You know, I'm happy to look forward to that PLC. So that's, that's my next Avenue as well.

Michael Kelly: Great. And just so everybody knows, we will as a whole group, all the webinar presenters going to be meeting next week and we'll have more news about those if and when we put them together. Gabby, you want to offer anything?

Gabriela Ramirez: Right, I just want to say that, um, you know, I think it's normal to feel like you're not doing enough and that's hard for social workers, but I mean, I think just be kind to yourself and be realistic, because this is a whole new situation we're in. And we just have to take it one day at a time, so that's it.

Michael Kelly: Yeah, be be gentle with ourselves. That's been a big theme of all these webinars, is that, you know, it's easy to feel like you're not doing enough or you're doing too much or, you know, am I doing anything? Sometimes I think one of your colleagues, Sean, said in the webinar yesterday, is you know, *'What just happened today?'* You know, those kinds of feelings.

Megan?

meganberkowitz: Yeah, I mean I second everything that Cindy and Gabby said. I think that again, we're in a time where there's resources floating around everywhere, and I think really finding, like, your sweet spot, like 'what are the one or two websites' like Cindy talked about that, like, are really your 'go tos', what are the one or two approaches, what are the couple ways that you're really, like, maintaining those connections? I think, can like, help mitigate some of that overwhelming feeling, but also support some of that, like, '*what did I actually even do today?*' feeling. And, yeah, I'd say don't be too hard on yourself because you know everyone, like Cindy said, has had a loss of some sort, I mean, at minimum, a loss of normal life and film.

Michael Kelly: Yeah, well it's it's it's both a bitter sweet way to end, but it's also a really beautiful way to end, Megan, with that because, I think what what I've heard from the three of you, and we continue hear in this webinar series is just people really rolling up their sleeves getting into it and doing the best they can and trying to help each other and be there for each other so on.

On behalf of all the other webinars and the one that's still to come this afternoon, I just want to thank everyone for being here today.

Thank you very much. Megan for organizing and moderating Cindy and Gabby, for being here and sharing your expertise. And again, stay tuned to join us. If you're interested in doing stuff on the network. And, you know, again, take care of yourself, be well, and know that those kids and those parents and those teachers really, really appreciate what you're doing because they do. All right. Take care everybody.

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Presentations for Thursday - August 9, 2020:

Culturally Responsive Re-engagement of Children and Families Experiencing Expulsion from School Using a Restorative Practice Approach.

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ABSTRACT

When students experience exclusionary discipline practices due to behavior infractions involving physical harm, the process of returning can be alienating for families, and no more so than for families who are also socially marginalized. Centering family perspectives and attending carefully to affect in the re-entry process can help school staff facilitate meaningful restorative relationships during a very vulnerable time. The restorative approach encourages school staff to develop critical consciousness and emotional intelligence about implicit bias and structural disadvantage due to intersections of racism and classism at school. Educator perceptions about the purposes and values of schooling can create negative judgments of families misaligned with prevailing school expectations. Restorative interventions such as the Circle of Hope process encourage the repair of engagement between the family and the school, offering opportunities to re-define school difficulties and re-establish what the child and family need to ensure school success. Restorative practices draw on narrative therapeutic understandings of where knowledge is held within a system and how participation in a system can be made more democratic. Restorative practices are well aligned with the SBFC core model and offer further opportunity for integrative interventions that positively impact marginalized individual children and their families, as well as transform oppressive aspects of prevailing school cultures.

Keywords: exclusionary discipline, implicit bias, restorative practice, affect, narrative approach, school culture change

Introduction

School counselors are tasked with serving all children and families within a school building and with coordinating and maintaining connections between the school,

its students and families, and the surrounding local community (ASCA, 2010; Bryan et al., 2019). The role of a school counselor also involves culture brokering, which means translating the climate and culture of the school to new families, and doing so with sensitivity to what is needed for school success in relation to what may, or may not be working educationally for a particular child. School counseling involves developmental and social-emotional expertise, not widely shared by other educators in the school who are more focused on content learning and educational outcomes related to successful graduation from the K-12 system. Since 2014, the training of school counselors has also involved intentional exposure to restorative practices as a dimension of the counselors' social-emotional expertise, and as schools seek alternatives to traditional school discipline for behavior infractions (Duncan, 2014). In this paper, we argue that there is greater role for school counselors and others who similarly bring systemic and relationship perspectives to the work of transforming the 21st century schooling experience. In particular, we argue that there is a great need for even more cultural responsiveness in our application of restorative practices in schools than previously considered, in order to reduce the effects of systemic racism and classism on families of color and low SES families that result from the culture and climate dynamics of the typical American school. Research from Loveall (2018) and Skiba (2011) supports our contention that school discipline even in the elementary grades reflects racial inequities that concern school counselors and school-based family counselors. Loveall (2018) states "researchers studying a nationally representative sample of elementary and middle grades students found that Black students were 2.19 (elementary) to 3.78 (middle) times more likely be referred to the office for problem behavior than their White peers. Once in the

office, Black students were more likely than White students to be suspended out of school or expelled for similar offenses” (p.9). Losen and Martin (2018) also discuss racial disparities in attendance resulting from disciplinary actions, stating that “One of the most striking racial differences is that Black K-3 students lost 13 more days per 100 students enrolled than the statewide average for all students in the lower elementary grades... moreover the rate of days lost per 100 Black students in grades K-3 was higher than the aggregate rate for all students in grades 9-12” (p.7). We maintain that attention to racially and culturally sensitive restorative practices for the resolution of conflicts occurring between students, families and school personnel in the early K-5 grades may help avoid the greater likelihood of alienation between students, families and schools involved in conflict or discipline during the middle and high school years, where the consequences of disengagement, alienation and expulsion are even more serious for student educational outcomes and adult life chances.

Why Do US Schools Practice Exclusionary Discipline?

Steinberg and Lacoé (2017) in a review of the evidence base on the effectiveness of efforts to reform school discipline, note that their question is “vitally important because a safe school climate is essential for student success” (p. 44). This assumption about safety, reflected in the phrase “safe and orderly schools” as a common school district goal across the nation, reflects educators’ response to concerns about the extent of bullying, school victimization, violence and disruptive behavior that was widely reported starting in the early 2000’s.

Response to the levels of disruption and violence reported by educators led to widespread adoption of “Zero Tolerance” policies to address student and staff fears about

students carrying weapons to school to handle bullying or anticipated violence between students, as well as to cope with student use of chemical substances or alcohol as the 21st century began. Unfortunately, these policies also increased the number of youth suspended or expelled with no evidence of positive impact on school safety (Losen 2014). Another problematic effect of these policies was that school misbehavior increasingly became handled by school resource officers, who have involvement with official legal systems including police, rather than by the school itself. Petrosino et al. (2012) identify the net effect of this change in policy and subsequent practice as contributing to the “school-to-prison pipeline” trend which has highly damaging implications for individual success outcomes in the US overall.

The National Center for Education Statistics report for 2006 indicated that out of school suspensions that year had actually started to decline, but still in 2012, one third of teachers again reported that their teaching was impacted by student behavior problems at school. Steinberg and Lacoé (2017) write, “regardless of the kind of discipline districts choose to employ, policymakers and school leaders must recognize that school disorder and violence have adverse effects on all students” and that “recent evidence also shows that exposure to disruptive peers during elementary school worsens student achievement and later life outcomes, including high school achievement, college enrollment and earnings” (p. 45). Thus, both the extent of challenge to schooling that disruptive or violent behavior engenders, and the common community expectations that students at school be kept safe and able to learn, have resulted in US schools enacting various forms of expulsion for students not meeting behavioral expectations for safety within the student body.

At the same time there has been a strong critique of suspension and expulsion practices in US schools, particularly in the last ten years, as the evidence suggests that suspension and expulsion is unevenly executed, resulting in disproportionate suspension rates. Skiba and colleagues (2011) analyzed school level data on disciplinary referrals and found that among the 364 schools studied, Black and Hispanic students “were more likely than white students to receive suspensions or expulsions for ‘minor misbehavior’ such as inappropriate verbal language, minor physical contact, disruption and defiance” (in Steinberg & Lacoé 2017, p 45). Steinberg and Lacoé (2017) concur with Skiba (2011) adding that students with disabilities also face exclusionary discipline twice as often as their peers do. Even more alarmingly, they note that racial disparities in suspensions begin as early as preschool, where black children comprise 18% of enrollment but are reflected in 48% of the suspensions. These racial disparities continue throughout primary, middle and high school where Black students comprise 16% of enrolled students but 34% of students suspended once, and 43% of students with records of multiple suspensions. Thus, US schools have had to reckon with how to reduce violence and disruption to increase safety, without also aggravating racial inequities and exclusion of differently abled children starting in the earliest pre-school years.

How is Systemic Racism Perpetuated in US Schools through Implicit Bias?

Decades of research have demonstrated clearly that students of color and students from low-income households are often treated differently from White and middle or upper class students while in school, and that these differences in experience have a negative effect on such students in terms of learning achievement and school

engagement. (McKnight et al. 2017; Smith & Harper, 2015; Fabelo, 2011; Gay, 2010).

One factor that has contributed to the discrepancies in school experience and achievement for students is the demographic reality that while student demographics have shifted to a majority of students of color, teacher demographics in public schools have not (McKnight et al. 2017; Walker, 2016; Ohito, 2016). A second factor is that there is a relationship between persistent achievement gaps for Black, Hispanic and low-income students, as well as for students with disabilities, and educator's implicit biases (Gay, 2010). In a comprehensive analysis of the dynamics between teacher and student ascribed race, and the perception of disruptive behavior that resulted in out-of-class referrals and exclusionary discipline, Wright (2015) found assessments of behavior were more favorable when Black students were observed by Black teachers and that this finding was stable across different Black teachers of the same Black male students, indicating that it is teacher perception and not changes in behavior that produce these results. Similar results were not found for race-matched Hispanic or White students.

As the US has continued to grapple to this day, with its history of racial inequity, beginning with its instantiation of slavery as a socio-political, legally sanctioned, and economic organization in the forming and conduct of the nation, educators have become somewhat more informed about the racist and/or classist structures and assumptions within which they operate every day. These structures and assumptions are also however, held outside of conscious awareness, absorbed as part of everyday cultural socialization from childhood, and thereby, are embarrassing and painful to uncover for both racial majority and minority individuals. They are at odds with avowed American values of fairness, generosity and the reward of individual effort. As such, educators, like so many

others who carry greater social privilege due to race and class positioning, struggle to reconcile their conscious intentions with their unconscious, biased actions towards students and families of color. Restorative justice has evolved in the American context as one approach that can undercut the school-to-prison pipeline and support achievement success in school, by seeking out the root causes of disruptive behavior and repairing relationships fractured by systemic racism and implicit bias within education itself (Fronius et al. 2019).

Developing Consciousness of Implicit Bias through Partnership with School Counselors

In order for US educators to build capacity for anti-racist engagement with Black and other minoritized students and families of color, they must become aware of the ways they participate in White supremacy through personal implicit bias and through affiliation with the US school system. Ohito (2016) argues for use of a “pedagogy of discomfort,” in the education of White teachers in order to prompt them to contend with their personal roles in the maintenance of White supremacy in US classrooms. These conversations about implicit bias and oppression must also continue within US schools, and school counselors are in a unique position to develop key working relationships with the school principal and other members of the leadership team, as well as classroom teachers, in order to make explicit, conversations about race, oppression, and White supremacy as they impact the education of Black and similarly minoritized students within the norms of school culture. Nurturing this type of relationship with the principal is a particularly important task. If school administration is ready for these important and oftentimes uncomfortable discussions on how implicit bias harms students and families of color,

teachers are more likely to be expected to engage in this personal work. Sarfo-Mensah (2020) explored questions that can be posed to White educators to help them determine how they may or may not be operating from an anti-racist framework within school. The school counselor, who is also responsible for engaging in this work personally, may regularly lead professional development with small groups of educators so that conversations on implicit bias and the important work of discomfort become normalized within school.

Black Identity and the Culture of Whiteness

The school system in the United States has long taught Black youth and families that in order to fit in they must perform Whiteness, or at least come close to this by expressing their affect in a way that is palatable to a White audience. Whiteness as a culture values reason more than affect, whereas the Black community is generally far more expressive around feelings. (Parham et al. 2015). Black families that have assimilated into Whiteness and know how to code switch between cultures are likely to have an easier time interfacing with a predominately white school system to make sure the needs of their children are met (Cross, et al., 2002). This is because schools in the US uphold white middle-class values (Jagers et al., 2019). According to Jagers et al. (2019), when students and families of color in school demonstrate “variations from those normative patterns [it] can result in... unwarranted low expectations, experiences of cultural mismatch, discrimination, micro-aggressions, and implicit biases by peers and adults” (p. 164). For example, when Black parents and guardians show up to school with strong affect, it can come at the expense of being taken seriously. In particular, the cultural stereotype of “the angry black woman” is used to silence and belittle Black

women for daring to advocate for themselves and their families. This is a dynamic that Black parents of school-age children must contend with in order to navigate the culturally white school system, even in predominantly Black neighborhoods; leadership and staff in US schools are typically white, and without careful reflection, they will either consciously or unconsciously uphold White supremacy.

Social and Emotional Learning

The social emotional learning movement (SEL) is another way that Black students in school are encouraged to enact Whiteness and are rewarded for the ways they comply with expectations that center Whiteness. SEL, which was popularized 25 years ago, features a variety of curricula focused on competencies such as empathy, the maintenance of friendships, and emotion management (Jagers et al., 2019). Many of these curricula are positioned from a framework of White, middle-class values, and it is unclear if children from historically marginalized populations in the US can be adequately served from such a framework (Mahfouz and Anthony-Stevens, 2020). The absence of conversations on race, identity, and belonging within SEL curricula, especially regarding the racial construct of Whiteness, serve to protect and maintain Whiteness as the default culture within the school (Jagers et al., 2019).

Narrative Therapeutic Understandings within Restorative Practices

Since the 1990s, suspensions and expulsions in US schools have been on the rise with the implementation of zero-tolerance policies (Smith et al, 2015). While these policies seek to message a strong stance against certain behavior infractions within school, the reality is that “exclusionary discipline practices” (Loveall, 2018) isolate students, labeling them as “offenders,” and constructing a negative reputation that is hard

to overcome (Winslade & Monk, 2012). Such action frequently leads to demoralization and often eventual dropping out prior to graduation. Edwards (2017) tracked the workings of this process in a qualitative study of Black girls and school administrators' perceptions about re-entry after exclusionary discipline. Black girls are also over-represented among suspended and expelled youth and along with Black boys, are punished more harshly for the same misbehaviors other children commit. Edwards (2017) studied the stigmatizing effect of an offending reputation on girls' sense of personal resignation and contrasted these with the perceptions of school administrators who were reluctant to impose exclusionary discipline, in favor of interventions they perceived to be caring. The girls in Edwards' study described their perceptions and experiences, recommending strategies each of the stakeholder groups in a school could take to enact seeing them as the individual people they are, rather than through the lens of "bad reputation" which adjudicates them based solely on what they have done that got them into trouble within the school.

In the same sense that restorative justice seeks to shift the frame for understanding offending from retribution to reconciliation within a community, and school personnel are encouraged to shift from thinking about management of behavior deficits to creating inclusive spaces through building collaborative relationships with students and families, narrative therapy (White, 2007), seeks to replace individualist and deficit language surrounding problems with language that opens opportunity for personal agency and empowerment. Winslade and Monk (2012, p. 82) apply the linguistic practices and philosophical premises of narrative therapy to the work of mediation and restorative conferencing in school communities, stating that "what is distinctive about a restorative

approach is the emphasis on understanding offending from a relational perspective.” They also state that when students get into trouble at school “the process moves from accusation to moral guilt. The offender is required to demonstrate remorseful and submissive behavior and to acknowledge the authorities if he is not to attract righteous anger directed at him alone” (Winslade & Monk, 2012, p.84). Edwards (2017) documents what happens to students who resist such a process and the school seeks to reinforce its authority by moving into a criminalizing stance in response. Winslade and Monk (2012) further state, “by contrast, restorative processes are not just interested in the voices of accusation and guilt. More perspectives are deliberately brought in to the conversation. Rather than being isolated, the offender is wrapped in a network of those who matter to him and can support him to be accountable” (p.84) Even more importantly, what is avoided is the creation of “a split community in which the majority are taught to fear and protect themselves against the minority” within the school and surrounding community (Winslade & Monk, 2012, p.82).

In both the judicial and medical systems, the language surrounding the identification of difficulty is individualist. Problems or symptoms are given an intrapersonal attribution as reflecting trouble that is carried internally within the person. By contrast, narrative and restorative practices share the understanding that psychological and sociological difficulties are largely relational and contextual in nature, reflecting rupture in interpersonal processes. A relational interpersonal frame for resolving problems assumes bi-directionality in that those who harm can also be harmed by their own actions and that harming is thereby not reflective of an inherent identity status as offender or perpetrator, but reflective of a rupture in right relationship that needs to be re-

instantiated. Narrative practice approaches also eschew hewing to single, totalizing stories about persons that result in labeling and poor social reputations. Winslade and Monk (2012) note that single storied identities are particularly damaging for children and youth because resisting the power of these circulating reputational tales, is practically impossible and as such, a child or minoritized person deprived of social power to protest, comes to perceive themselves as diminished and personal or contextual change as improbable. Single stories that produce poor reputations at school, also tend to employ universalizing language, such as “this child always underperforms” or “this child is never functioning at grade level expectations” that render counter-stories informed by counter-examples invisible. Since no person operates identically every hour of every day, invoking language that invites perceptions of unalterable performance of fixed identity characteristics, reduces stakeholders’ ability to detect promising new pathways for changed action that are predicated on noticing the exceptions to the performance of troubling behavior.

Narrative therapeutic approaches to change-making are exceptional in their use of linguistic devices that locate problems as separate from persons. This framing, called externalization (White, 2007), allows problems to be considered as “alien” to the individual self, and responded to as a formidable foe whose tactics can be discovered, mapped and defeated by ingenuity. In this way, the individual is freed from the deficit or blaming stance of “having a problem” located inside themselves, to becoming an agent of resistance against the problem, not against the self.

As in restorative conferencing practices, the use of language in narrative conversation, itself offers a new place for the target person to stand and enables their agency to act to

counter the harmful effects of the problem, re-assume accountability for self and to others, and as a result make apparent the possibility for re-inclusion and a reconciled reputation within the home, community, or school. The work of the other stakeholders in restorative conferencing is critical, paralleling the function of “outsider witnesses” within narrative therapeutic practice (White, 2007). Outsider witnesses affirm preferred, new identity stories for the person, making what is spoken real and material within the community. Outsider witnesses are able to assist in circulating support for a child’s or family’s revised identity story among the other adults, at school as for example when a child is no longer operating as substance user or a bully, yet still suffers the effects of this negative reputation at school or a family is recast from a “dysfunctional” identity in relation to school perceptions to “persevering and strong despite stressors” (Winslade and Monk, 2012; Madsen, 2007).

The CORE Model of Collaboration in relation to Restorative Practice

Minke’s (2010) CORE model of collaboration aims to build trusting relationships between school staff and family members via adherence to the following principles: connection, optimism, respect, and empowerment. These ideals of relationship, embodied within the acronym CORE, come into play in the training of teachers and other school-based professionals through opportunities to “think differently” about families, “talk differently” with families, and “behave differently” alongside families in collaborative contexts. The CORE model states that teachers and school staff can engender trust in all families, including families of color, by listening and seeking to learn about what those families value. School staff members should genuinely feel and message the perception

that all families are doing the best that they can for their children, given their available resources. In addition, families are viewed as the experts on their lives and the needs of their children, and as a result power is shared among stakeholders (Minke, 2010). The CORE model shares many values with the umbrella of restorative practices, which also seeks to build authentic relationships wherein successes are celebrated and harm is acknowledged and repaired. The CORE model does not however explicitly address how power differentials organized around issues of race and class, impact the work of empowering families within the context of schooling. Extending the CORE model emphasis on collaboration, communication and eco-systemic theory into examination of racism and anti-racism would align its cross-disciplinary strengths with current and on-going social justice work in school communities today.

Holding Space for Affect and Emotion in School

Within conversations between Black and similarly minoritized students and families and White educators in US schools, the centering of expressed affect, including expressions of anger, can allow for new opportunities for connection to emerge. Without genuine acknowledgement of affect, families may leave interactions with educators feeling disrespected and unheard, which can lead to further alienation. Exclusionary school discipline is one area that can engender strong affect within the experiences of students, families, and educators alike. Since research shows that Black students are more likely to experience suspension than their White peers, a reality that is further compounded by gender and disability status (Smith 2015; Losen & Marton, 2018), Black families are more likely to endure the possible shame, guilt, isolation, and other painful

affective experiences in relationship to school administration and staff upon re-entry and potentially throughout the remainder of the school year.

Emotions and Emotional Process

Rossner (2017, 2013) in her study of the restorative justice process across Western justice systems and throughout indigenous societies, discovered that there are assumptive, procedural, process, and emotional factors that impact the experience of restorative justice methods for both victims and offenders. Most notably, empirical research indicates that the most successful restorative conferencing approaches involve narrative and expressive elements, along with ritual dynamics that produce a community of care, capable of witnessing and containing strong feelings. One particularly strong affective experience that must be understood and facilitated is the shame and shaming (Braithwaite 1989) that explanatory theory within the restorative justice framework identifies as integral to wrongdoing and to efforts to repair harm through reconciliation and restitution. Degradation occurs in the process of excluding people, and so must be addressed upon re-entry. Since this emotional burden is disproportionately borne by Black and similarly minoritized students and families, White educators must be prepared to hold space and center these painful feelings, many of which may be oppression-linked; this is a central component of authentically repairing relationships in the wake of exclusionary school discipline. White educators are called upon to contend with their own sense of moral righteousness and racial privilege in situations where they may have been harmed by a Black or similarly minoritized student, leading to their suspension. A conversation between the teacher and the school counselor, if such a relationship has been established as protocol, might help this process ahead of the conversation with the

student and the family. Energizing efficacy and hopefulness for and during the process is a part of emotional visioning, which must welcome in the potential for Black anger as the advocacy that it represents.

Affectively Centered Restorative Conferencing: Circles in Schools

Restorative practices as they are currently utilized in US schools today come from restorative justice, which gained popularity in the 1970s in the Western criminal justice system (Rossner, 2017). Restorative justice brings victims and offenders together to share subjective, affective experiences of the crime committed, and to engage in collaborative problem solving (Gregory et al., 2015). This approach has since been utilized all over the world, and has become a common practice in US schools in the form of restorative circles and conferencing.

Restorative circles hold space for the sharing of personal stories and experiences to build healthy and authentic relationships between school staff, students, and families (Holtham, 2009). Circles are a versatile approach to relationship building and maintenance which can be used informally to build classroom relationships and formally in response to student situations where harm has occurred (Smith et al., 2015).

Talking Piece

In order to hold space for stakeholder affect and the stories of how the suspension has impacted each person present in the circle, the facilitator models use of a “talking instrument,” also known as a “talking piece,” a staple feature of circle processes within the umbrella of restorative practices (Holtham, 2007). The talking piece is passed around the circle to allow each person present to have a chance to share. All people, regardless of title and role in the life of the student, are invited to respond. Participants can pass the

talking piece if they are not ready to share, but the piece comes back in case there is something to add later. This guideline centers the affect of the individual, and honors the fact that sharing from a place of vulnerability and authenticity can sometimes take time.

Guidelines

One role of the facilitator is to set the tone for the circle, and to present all stakeholders with guidelines for how the circle will operate. It can be helpful to have a poster with desired guidelines created ahead of time. It is important, however, to make sure all stakeholders are able to agree to the guidelines and see if anyone has something to add. These guidelines, which have been adapted from

<https://www.healthiersf.org/restorativepractices>, may include the following:

Respect the talking piece: everyone listens, everyone has a turn

Pass if you need: and the talking piece will come back to you

Speak from your heart: your truth, your perspectives, your experiences

Listen from your heart: let go of stories that make it hard to hear each other

Trust that you will know what to say: no need to rehearse

The goal of these guidelines is to create a container that holds space for the authentic sharing of affect. The focus on spontaneous sharing invites all stakeholders to speak from a place of vulnerability and humanity, as opposed to role and “expert” status.

Sensitivity to the Moment

While the facilitator begins and maintains the circle with prompts to guide the flow of the conversation, an important skill a facilitator must utilize is sensitivity to the moment. If strong affect is shared, the facilitator should be ready to name what is happening in the circle and invite others to respond directly to affect as needed. For

example, if a parent in the circle has shared that they are struggling with feelings of shame and guilt around their child's behavior in school, the facilitator might invite the school staff present in the circle to respond to the parent directly and personally. This messages to the parent that their affective experience is being centered and not waved away by school staff as secondary to the situation.

What Does the Circle of Hope Look Like in an Elementary School?

Exploration Elementary Charter School for Science and Technology, a K-4 charter school located in Rochester, NY, was established in 2017. Exploration has worked to establish a restorative practices model in all aspects of its engagement with students and families, and between the 2018-2019 and 2019-2020 school years, suspensions fell from 15 students to 4 students (there were no suspensions during the COVID-19 school closure). One way this cultural shift has been realized is through the use of suspensions only in response to behavior infractions that endanger the immediate safety of students and staff members. In addition, the adoption of the circle of hope conference protocol as a replacement for traditional "re-entry meetings" aims to mitigate the emotionally harmful effects of suspension on students and families. Keeping in mind that families experiencing suspension may arrive for a re-entry conference carrying shame and anger, the circle of hope is designed to provide a level playing-field for all stakeholders and to wrap support, genuine affect, and care around the student and the student's family.

School Counselor as Facilitator

One of my (Radna-Crasta) roles as school counselor at Exploration involves facilitating circle of hope conferences for students and their families upon return from a suspension. In considering the importance of affect and relationship when connecting

with students and families after a traumatic situation like a suspension, I remember a circle of hope I facilitated in Fall 2019, following the suspension of a Black second grade student. He bit his teacher following an exchange regarding non-compliance with a classroom direction and received his first and only suspension for the 2019-2020 school year. At his circle of hope, attendees sat in a circle of chairs, and were as follows: the student, the student's mother, a private educational consultant, principal, classroom teacher, dean of students, and behavior specialist.

In taking on the role of facilitator, I did so with the working belief that a central role of a school counselor is to be an agent of change within school (Winslade & Monk, 2007). In order to behave like a change agent on behalf of this student and his family, I knew I would have to hold space for multiple stories and expressions of stakeholder affect when discussing the suspension and ways to move forward. In approaching the circle of hope, I had to consciously work against US cultural practices that “[encourage] separation, demonization of those who disagree... hierarchy, and reliance on experts to solve problems” (Pranis, 2005, p. 62). I did this by giving all in the circle an opportunity to speak on how they were impacted affectively by the situation, and to reframe the student’s behavior as a relational process as opposed to an individual problem experienced by an individual “problem student.” This framework is embraced in the CORE model as a central tenant around “think[ing] differently about families and problems by taking a systems view” (Minke, 2010, p. 3).

Praxis: Reflections from “Mama-Bear”

While preparing this paper, I had the opportunity to speak on the phone with the mother of the student who had been suspended. She generously shared some reflections

of her experience of her child's circle of hope conference back in Fall 2019. To protect their privacy, I will refer to this mother as "Josephine" and her child as "Robert."

Creating Connection through Vulnerability

Josephine shared that she felt a shift during the circle of hope experience, pointing to the sharing of authentic feelings during the whole-group circle (with specific reference to tears on the part of Robert's teacher) and in personal sharing from our dean of students in a one on one conversation directly following the circle. The dean of students, a Black woman who had been present during the circle of hope, made herself vulnerable to Josephine by sharing a story of personal struggle and resilience from her own life. Josephine added that she had been initially dismissive of her as a member of Robert's team because she wasn't familiar with her and thus was not open to her role as an authority figure. However, the dean of student's instinct to follow up with Josephine following the circle with a private conversation where she made herself vulnerable –and thus "de-rolled" herself from her expert status –played an instrumental role in Josephine's positive experience of the circle of hope as a whole. She was moved by having the opportunity to see school leaders first as people with their own stories, which contributed to Josephine's sense that school staff genuinely wanted to partner with her to help Robert experience success in school. For Josephine, the circle of hope was effective because of the balance of power she experienced, wherein all staff members joined with her and Robert as one supportive and very human team.

Josephine shared that when she first arrived at school for the circle of hope, she was feeling defensive, anxious, angry, and frustrated. She also reported feeling isolated, brought on by a sense that school staff didn't have the tools to help and support Robert in

school. She added that as a Black woman, she takes on a “Mama-bear” and advocate role for Robert, and feels defensive when confronted with school staff members with whom she doesn’t already have a strong, pre-existing relationship. Josephine had invited a private educational consultant, a professional the school team had met with earlier that year to help advocate for Robert’s new individualized education plan (IEP) to support his specialized learning needs.

Because she also used to work in the same urban district, Josephine has insight into what school culture that centers Black student and families should look like, both from the perspective of parent and professional. Josephine recalls hearing White colleagues talking about Black students in ways that fundamentally devalued them as human beings. They would make comments such as “he’ll just end up dead or in jail,” which demonstrate a lack of compassion and help perpetuate the systems which isolate and ultimately fail Black youth and their families. This is also an example of the harmful role that implicit bias plays in enabling the devaluation of Black students and families in White educational settings. Josephine commented that without restorative practices or a conference like the circle of hope, these students are left to fall through the cracks of a system that criminalizes them and doesn’t hold space for them to speak to what they are going through as people. These comments and attitudes get in the way of establishing connections and relationships with Black students and families, which is what the circle of hope aims to facilitate through authentic sharing.

The Role of Love in School

Josephine shared that love and a feeling of belonging plays a vital role in repairing relationships with students and families after a suspension. She felt that the

circle of hope—which also included Robert—helped him to not feel targeted by school staff based on the suspension. She said that Robert needed to feel that school staff members “still [loved him] and still care.” Josephine also disclosed that Robert had experienced multiple instances of removal from his institutions of learning, namely day care facilities. Josephine was called to pick up Robert from day care one day due to a disciplinary issue, and she shared that the director of the day care was in tears when she arrived. This is because Robert had said to her, “I know you’re gonna kick me out because that’s what everyone else does.” Robert’s experience of being unwanted - and rejected - speaks to how Black kids who experience a cycle of school exclusion and removal feel they are not worthy, that they are “trash,” and that their situations will not get better. However, the circle of hope seeks to hold space for expressions of these feelings, and share the message that people in school still love and care about students regardless of their behavior. According to Josephine, that message of love has to be a central force, and it must be authentically experienced by students and their families. Josephine added that Black kids pick up on attitudes from the adults in their lives that devalue them as human beings.

Conclusions and Implications

A Call for White Discomfort

Josephine’s reflections upon her time in Robert’s circle of hope point to the key role affect plays in the maintenance of authentic relationships between school staff members, Black and other minoritized students, and their families. In order to partner with Black students and their families within a school system that reinforces White supremacy, school counselors must model the process of centering “expression[s] of emotion in

narrative form” (Rossner, 2017, p. 22) during restorative conferencing, even if these affective narratives may cause discomfort in school staff. Ohito (2016) states the importance of embracing discomfort as a means of “elucidating how white supremacy functions - and can be challenged - intra- and inter-personally” (p. 456) as it relates to the education of white teachers, and ultimately, their ability to establish supportive relationships with students and families of color. Through attention to affect, and the embracing of anti-racist teaching and learning, all school leadership and staff members create opportunities for rich relationship-building and common ground with Black students and families (Ohito, 2016).

Leveraging our Current Professional Models

School-based family counselors working with the CORE model and professional school counselors engaged in bringing comprehensive services to schools through multi-tiered systems of support, positive behavioral intervention systems and creation of academic home networks, (Savitz-Romer, 2019) can each leverage the power of their current work by more deliberately engaging anti-racist, and affect-supporting restorative conferencing practices. We have argued in this paper that sensitivity to preferred cultural and affective experiences within minority students and families must be centered in all school-family-community interactions if we are to work as anti-racist professionals within educational settings. Working in this manner will strengthen other models for therapeutic intervention and family-school collaboration in which we currently engage, reduce educational disparities in how children are treated at school and support opportunity pathways for childrens’ school success and for their families’ empowered

inclusion in all educational decisions that affect the wellbeing of themselves and their children.

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Comprehensive Parent Education on Supporting Emotionally Intelligent Parenting

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Abstract

Changes in the educational system are adapting to the growing need to educate the whole child by including the social/emotional needs of students. The parents and teachers are both essential in their respective cultural and environmental influences that promote emotional intelligence in children. While teachers are trained through professional development to encourage students at school, parents in the home rely on what they have learned from cultural upbringing. This non-experimental, “ex-post facto”, method of study investigates the impact of educating parents about emotionally intelligent practices. It uses twenty-six themes associated with twenty-six letters in the alphabet to help with retention of information and their related skills. Over a two-year period, an exploratory group of thirty-two parents completed the series of thirteen one-hour trainings. An anonymous survey was administered at the conclusion of training. Our symposium participants will learn about the actual content of this parent education series and its subsequent outcomes.

Introduction

Educational policies have shifted with the adoption of the Common Core State Standards. New direction was encouraged after individual states initiated the Common Core State Standards that increased both breadth and depth of study to better prepare students for an ever-expanding global economy (Harrington, 2017). New instructional strategies have enabled students to evolve as more independent thinkers, problem solvers, and analyzers of data. Greater emphasis has been directed toward project learning, reading for specific information, analysis of thinking, and active learning through direct experience. While there may not be a clear roadmap, teachers are trained to integrate “the four C’s” in their instructional practice: Collaboration, Communication, Critical Thinking and Creativity (Pasi, 2001). These are essential skills associated with emotional

intelligence.

The literature on Emotional Intelligence has provided benefits to academics, leadership, productivity, customer service, relationships and mental health (Taylor, 2001; Maulding, 2002; Nuttall, 2004; Drago, 2004). The Common Core aligns with current requirements for critical thinkers and problem solvers rather than memorizers of information to repeat on outdated tests. Twenty-first century leaders must be equipped to collaborate with others around the world to solve both international and uniquely domestic issues. Children are now growing up with internet and social media that provide them an essential global perspective. Emotional competence and intelligence are critical in our efforts to ensure a better future worldwide.

Social/Emotional Needs

There is an urgently growing need to promote social/emotional well-being in school settings. Teachers have continued to note behavioral changes in student populations for years. The advancement of technology and higher cost of living, combined with social/economic disparity, have impacted home/community environments where children have become more socially and emotionally isolated, with less quality parental interaction or guidance (Sung, 2008). Until recently, academic instruction was generally the responsibility of the teachers and social/emotional guidance primary domain of parents at home. However, not all household environments are optimal and may result in certain negative outcomes. It has become imperative that schools include social emotional consideration alongside academic instruction. Attention to social emotional learning of students were found to have powerful influence on learning in a

meta-analysis (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). When children are emotionally secure and competent, they are more likely to achieve and validates their sense of personal well-being. Cross F. D., Liu, J., Bharaj & Eker, (2019) explain how teachers can strategically integrate social/emotional and academic development in their classroom. The Common Core State Standard encourages group work, communication, problem solving, assertiveness, and emotional regulation when working with others. Teachers have opportunity to give feedback and reinforce pro-social behaviors in their students.

Students arrive to school already conditioned by outside experiences that impact them emotionally. Their personal outlook cannot be appropriately understood unless schools acknowledge varying cultural beliefs and values. For example, Pappas (2019) addresses how the traditional norms of masculinity norms may be harmful to boys in ways they restrict emotional expression. These internalized attitudes may create social conflict, resulting in obstacles to effectively cope with negative behavior or seeking much needed support. The image of masculinity has existed since the beginning of civilization. In many worldwide locations, patriarchal hierarchies continue to exist. In the United States, voting rights extended to was not enacted until 1920 by passage of 19th amendment, after a generation of political activism and struggle. “Equal pay for equal work” in actual practice was not officially recognized until 1963. These arduous political and legal undertakings were required to begin advancement beyond a male-dominant culture. Continued work is essential in a hierarchal system where people of different races and gender continue to be marginalized. In much the same way, children are though to be in the lowest rank in the hierarchy. As a result, their thought and feelings are often

minimized or ignored.

Understanding the impact of cultural influence is the important first step in recognizing the emotional outcomes but it should not stop there. If there are negative results, it becomes the responsibility of educators to raise awareness so that these issues can be addressed. Parents may have grown up in a hierarchal and domineering environment, or may have become too permissive in response to the traditional ways. Their beliefs and interaction patterns may be ineffective or confusing. The parenting “styles” are varying reflections of their cultural experience and conditioning. Alegre (2011) reviews literature about parenting practices that predict children’s emotional intelligence. The four main dimensions were identified: parental responsiveness (parental warmth, emotional regulation), parental positive demandingness (behavioral control, autonomy, appropriate expectations), parental negative demandingness (punitive discipline), and parental emotion-related coaching (accept children’s emotional display and help children use emotional information for positive outcomes). Parental responsiveness, parental emotion-related coaching and parental positive demandingness are related to children’s higher emotional intelligence, while parental negative demandingness is related to children’s lower emotional intelligence. Children who possess greater emotional strength had parents with higher emotional intelligence. Asghari & Besharat (2011) found perceived parenting of involvement, autonomy support and warmth dimensions were linked to emotional intelligence. Three hundred fifty-two college students completed the “Perception of Parents Scale and Emotional Intelligence” scale. The results of these surveys indicated that all effective dimensions of parenting were positively associated with emotional intelligence.

Authoritarian, authoritative, overly permissive, or neglectful parenting styles have formed the basis of various studies. Argyriou, Bakoyannis, & Tantaros (2016) investigated factors that contribute to emotional intelligence traits among one hundred twenty-seven adolescents in Greek schools. Parental Authority Questionnaire and Trait Emotional Intelligence Questionnaire-Adolescent Short Form were used to analyze multivariable mixed-effects regression model. Association between authoritative parenting styles and emotional intelligence traits were found to be significant. Those parents with higher emotional capacity were also communicative, set clear guidance, expectations, followed through, collaborated in problem solving, and modeled pro-social behaviors. They were more likely to rear adolescents with higher emotional intelligence. As the study considered traits associated with emotional intelligence, the authoritative characteristics of parenting revealed a significant impact on emotional intelligence, suggesting that home environmental factors were more notable in both positive and negative ways.

The home culture may be impacted when parents are educated on emotionally intelligent parenting because they create the environment at home. Sung (2019) describes the proactive training for parents to raise awareness about the parent's role in promoting emotional intelligence at home. The result indicated positive trend for those who participated consistently for at least 3 to 4 sessions. The current study is an expansion of the previous parent education program. In order to change the culture for optimal emotional competency and intelligence, a person must experience prolonged forethought on the subject, repeatedly practice, and make connection to practical experiences. The qualitative responses in this study provide insight to the impact of the extensive training.

Theory on Emotional Intelligence

The social constructivist framework is used to explain the cultural influence on parenting and emotional intelligence. The promotion of emotional intelligence is consistent with the System's Theory (Bronfenbrenner, 1979), in which the various layers of system's culture impact individuals. The competitive and meritocratic culture of the macro-system describes how our society defines success and rewards winners. The organizational culture of the institutions in the meso-system describes the hierarchy system of social status, power and control. The micro-system, in the family, the parents do all they can to prepare their children for the competitive and social status driven society. As a result, many individual's emotional experiences are impacted in daily lives. Driven for success is the norm and emotional needs may be neglected. Furthermore, the ecological system of children has significant impact on the children's emotional well being. Mental health of children may be linked to the experiences in the children's immediate environment (Gutkin, 2008). The Social Cognitive Theory in cultural context point to three different agencies: 1) Direct Personal Agency 2) Proxy Agency and 3) Collective agency. Personal agency is exercised individually, people bring their influence to bear directly on themselves and their environment in managing their lives. When a person is powerless, individual defers to others in proxy agency. There is greater power in numbers as people come together with common goals in collective agency (Bandura, 2002, p. 270). Individuals impact the environment just as well as group of people band together with common goals. While the perpetuation of system's way of power and control may have stifled the emotional well being on individuals, the authority figures have the power to change the system they are immersed to improve emotional

competence and intelligences in future generation.

The culture in which the child is immersed impact the development of emotional intelligence (Sung, 2010). The children's experience in their home environment over a length of time shape their brain function in the emotional center of the brain (LeDoux, 1996). The priorities, expectations, attention, reinforcement, and practice shape the neuro-pathways and develop habits, reasoning, and values. Unless skills are repeatedly practiced, just hearing about them does nothing for neural pathways and learning. This is the reason behind the twenty-six themes in the comprehensive training series.

Method

This study is non-experimental, "Ex Post Facto", study because the survey was conducted after the comprehensive parent education series. The parent education occurred naturally in response to a school moving in a new direction to decrease stress over homework at the elementary school level. Parents were anxious about no homework policy and needed to know what else they can do besides homework with their children. This was an opportunity to learn about emotional intelligence and engage with their children in a different way and create opportunities for emotional intelligence growth.

Initially, all parents at the school were invited to participate in one-time presentation about the importance for emotional intelligence in children. After the presentation, the parents were encouraged to sign up online for further training. The principal was the main contact person who kept track of the registration and communicated to parents about the training. He provided space and time for the training that occurred the first hour of school, once a week for 13 weeks. The parents stayed after bringing their children to school in the morning. Many parents worked in the tech

company in Silicon Valley and had flexible schedule. During the two-years period, four groups were formed to meet once a week for thirteen weeks. While over sixty people participated in the training, only those who have remained to the end were able to take the survey. Due to the interactive and integrated nature of the training, parents were able to discuss, ask and answer questions related to the themes. They were able to make connections between the twenty-six themes as they participated throughout the series. Not only did the parents fill out the anonymous survey but some parents volunteered to video record a testimonial and others wrote a supportive letter with their names on it. The appendix shows the questions on the anonymous survey.

The goal of the training and discussion is to divulge the traditional beliefs and values that maintain our behaviors, learn a new way of thinking, and apply behavioral change associated with new thinking. The thread that ties each of the theme is to be mindful of the impact of our words and actions on emotions of children in our care.

The first three questions on the survey was on a scale between 1 to 10 (1 is the worst and 10 is the best). The 4th question is open ended for qualitative input about the training in term of what they gained from the training and how it differs from other trainings they may have experienced in the past. Would they recommend it to other parents and what is the perceived value of this training?

Results

<p>Question 1 How helpful was the class in understanding your beliefs and values impacting parenting?</p>	<p>84% rated 9 or 10</p>	<p>9% rated 7 or 8</p>	<p>6% rated 5 or 6</p>
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Question 2 Much much did you learn to put into practice?	58% rated 9 or 10	28% rated 7 or 8	12.5% rated 5 or 6
Question 3 Would you recommend this learning opportunity to other parents?	94% rated 9 or 10	3% rated 7 or 8	3% rated 5 or 6

The qualitative responses from 3% responders above said, “It made us more conscious of things which we ignore was common sense. Had some good experience sharing tips and tricks.” Another comment from 3% responder stated, “I found at least one point in each letter lesson that I could apply in my family. I would ask the parent what they are wanting to achieve. It is extremely valuable to have a free class on school campus specifically for parenting. A wonderful opportunity.”

Overwhelming number of participants, 94%, highly recommended this training to other parents. When asked how this training compares with other training experiences, one parent commented, “The difference is the length of time and the depth to which the subject was covered. Have attended talks in the past but only 1 or 2 hours. Fantastic opportunity to gain a greater understanding and interest with other parents. It would be wonderful if this course could be offered to as many parents as possible.” Another parent said that the content and structure were different. “The topics we discussed, content structure and organization (A –Z) helped us remember better.” An active member of the school community stated, “We need more parent support and programs like this initiative to help our school’s kids and parents. This program is first I have seen that is comprehensive and offered at school. PTA workshops recently was excellent but need more of these programs on regular basis.” Another parent talked about the format,

“Meeting on a regular basis to built on the skills and discuss the topics helped learn these skills in a more meaningful way. It was helpful to have group discussion, share trying out these concepts. Reviewing concepts previously covered was helpful. Unpacking each concept with detailed applications to how to develop the concepts were helpful. It was clear and well presented with visual presentations.” A parent summarized, “The class provided a model on how to think and practice emotional intelligence. I wish all parents would take this course as it not only brings happiness within the family but would impact the community and the world in a positive manner.”

Parents come with different life experiences and knowledge base. There are those who learned something new, “Opened my eyes to a new way of thinking. I finally understand how things go as planned and why. I came back for the second round.” One parent reported, “As a parent, I am really more interested in understanding my kid’s emotional needs after attending these sessions.” Some parents have reported on the impact the class had on them. “It made me realize the everyday behaviors I have and how they affect my children. Also how I can do things differently and be more aware.”

Some parents had prior knowledge. “What I liked most about the class was that it helped to reinforce attitudes and behaviors that we mostly knew of, but may have had trouble putting into practice. It was helpful to hear from other parents dealing with similar situations/challenges at home. This class has helped me to be more effective in communications and relationships with my children.” Another parent said, “I liked how topics were spread out. It was a wonderful reminder! (Even if I was already aware). I loved the discussions and listening to everybody’s experiences. Examine our own behaviors, reactions, model emotional intelligence, bring balance, conversation,

compassion into our busy lives” Few parents said, “She made it easy by putting it in alphabetical letters A-Z. It made it easy to visualize and replicate.” Another said, “This was the first class that I took on how to be an emotionally intelligent person.” Yet, another parent said, “The class was very organized and detailed. It covered all the areas and questions of parents. We discussed many day-to-day scenarios and how to practice on daily basis.” Furthermore, “It dealt with real problems and real solutions. I can apply the learnings of EI parenting in not only raising my children but also to other relationships in my life.” The parents learned a different perspective, “The class really spoke well from the children’s point of view. It was very easy to see the value of emotionally intelligent parenting right away.”

Parents practiced what they learned and self-improvement was noticed, “This class helped me to have more effective communications and relationships with my children.” Another parent said, “It has helped me understand my mistakes and helped me be a better individual.” Self reflection was evident according to one parent, “It made me aware of the different aspects of parenting. It’s difficult to change, but see the importance/impact to be aware and practice the different components of emotional intelligence.” The parents have seen results, “I have a child that is very challenging and these ideas have helped our relationships and helped him feel valued, more cooperative and confident.” The kids see the difference in parents, “After the class, it is easier to recognize the old habits of mine as a parent. Even my kids have noticed the change in me.” The impact of the class was shared, “The classes were very helpful, gave me opportunity to understand my kids better, to do parenting more effectively. The concepts were easier to memorize because it was in alphabetical order.”

Although the goal was to educate parents because they are the primary influencer and care-giver in the position of authority, parents have expanded on the idea. The following is the compilation of comments about who would benefit:

“Good for parents of young children or parents to be, may be useful to offer all elementary, middle and high school parents. Please start a Facebook group and add parents as members. It will provide great awareness and support around the world. It is really helpful to every parents because of what is expected in the near future. It is valuable as it is changing the way we live. It can be a college course and good for teachers as well. Think this training should be mandatory for all parents.”

When asked about the value of this comprehensive and extensive training on emotional intelligence, parents provided the compilation of following descriptors:

“This could definitely be equivalent to a certification course. Invaluable, this would be of great value, to become good parents, willing to pay for this type of knowledge, priceless, measured in gold, life skills which all adults must learn, very helpful, excellent, definitely every parent needs to know this, have impact on children and community, high impact, very effective and wish we had this class couple years ago so that I would make less mistakes parenting my kids. The concepts known to be good in press and articles were brought to a practical level to put into action.”

The following are the letters written by parents:

I recently participated in Emotionally Intelligent Parenting Class presented by Dr. Sung. I really enjoyed this course. This class gave me the opportunity to look at my kids differently and help me to understand what is going on and how to deal with different situations. The instructor used the alphabet to connect with different topics which helps to have it stick with you, for example she started with “A” for “Attitude of acceptance”, etc. This structure helped me to remember and use this in future life

situations. This is not only for how to parent your children but can be used to help with other relationships as well. The instructor fostered a very positive and optimistic environment which helps with discussing the material for better understanding and using it outside the classroom. I enjoyed this class and definitely recommend this course to my friends in the future.

Best Regards,
-TR

I participated Dr. Sung's program. And I strongly recommend it to every parent. The course really helped me to acknowledge and practice New ways to be more positive and flexible. During adverse situations, as a parent, it's so easy to see only the problems, and focus on them. Children are creative and make better choices, when parents care by their patience and guidance. Within this A-Z module, you can take meaningful steps towards emotionally intelligent everyday life.

-TT

Dr. Sung's A-Z of parenting class had a quick and positive impact on our interactions with our children. Almost every class I found myself saying "Of course that makes sense, what a wonderful suggestion, why have we never thought of that before!?" Her advice is straightforward and the class is well worth the time commitment for any parents who have any sort of struggle, big or small, with their kids. On top of all the wonderful advice, it is also comforting and helpful to hear first hand accounts of other parents that are struggling with similar issues. I recommend this class to anyone with school age children, even if you don't think you need it!

-TB

I am so happy to help/ share my experience with the A-Z parenting emotional intelligence parent talks Dr. Sung had for us. I attended Mondays, and while I could not make it for all, I attended many of them, and felt I really took home a lot to think about!

I loved that we were a small group, I found the topics covered were very meaningful. There were opportunities to talk, we sometimes brought up small challenges we were facing at home/ school with the kids. I also liked how topics were presented in the A-Z fashion, and Dr. Sung used to go over them, to quiz us :) So if we missed a topic, we could catch up.

The content was very relevant too. My favorites were M for Model Problem Solving, W for Wait before you react and Q for Quiet your Voice! :) A lot of topics dealt with Parent behavior too- not just the child's and I found that very useful!

-Regards
-CK

Thank you Dr. Sung for an amazing journey in Emotional Intelligent Parenting! Dr. Sung is a positive and engaging speaker that covers many parental issues in an A-Z format to help with easier recall. The topics presented were relevant as a parent and important to be aware of as a person. The competitive atmosphere that we live in has placed too much emphasize on academics. What we really need to invest in, is the emotional well being of our children. I highly recommend this program for parents and for personal growth. Looking at the list of A-Z topics, I'm constantly reminded of the importance of being present as a parent. I still struggle with some of the topics, but at least I am aware of the areas that I need to work on.

-AM

These parents identified themselves on their letters to help with the promotion of the A to Z of Emotionally Intelligent Parenting classes. It was offered two years in a row as a result.

Discussion

The values of this comprehensive parent education on emotionally intelligent parenting is undisputed. In the past ten years, researches have found the connection between parenting style and emotional intelligence. Parenting style is often the consequence of the cultural experiences of the parents' environment. The focus on parent education is needed because parenting sets the foundation to emotional well-being. Anwer, Masood, Younas & Ahmad (2019) found emotional warmth in parents to be a significant predictor for resilience and emotional intelligence. The parents who

participated in the training reported improvement in their relationship with their children and other relationships. Parental warmth is promoted through emotionally intelligent parenting.

The harmful impact of authoritarian parenting (use of punitive methods, power and control to manage their children) has been well documented. With increased awareness, there is a movement away from such practices. Yet, there is no adequate or comprehensive training on what to do instead until now. Authoritative and “positive demandingness” parenting appears to have positive emotional outcome. Emotionally intelligent parents demonstrate guidance, care, warmth and consistency. A step-by-step training and education is needed to understand the connection between one’s beliefs and values that perpetuate traditionally held behaviors. An alternate way of thinking need to be learned and practiced to change the norms, values, and interaction patterns. It will ultimately lead to creating an environment in which children can thrive emotionally. As more researches point to the positive outcomes of emotionally intelligent parenting, the court system is also evaluating the parenting potential based on emotional intelligence when deciding in custody disputes (Posthuma, 2016). There is a hope that meso-system that impact the family is also changing.

It is up to the adults in children’s lives to promote emotional intelligence and create a better future for our children. We know the history of human experiences and have seen the impact of beliefs and values that were perpetuate over generations. Some people are more awareness than others depending on where they are in the progression. However, everyone can benefit from reminders, lessons, discussions, and examples of how emotionally intelligent parenting works. Looking at the chart, majority of the parents

who participated in the training saw the connection between their beliefs and values on their behaviors. They tried to practice the concepts in their everyday lives. They shared their experiences each week and felt the support of others in the group. Through the class, they found out that they were not alone in their struggles because the questions that came up were common. These parents felt it was worth the time and effort to attend regularly. Majority learned something new and benefitted from the training.

Limitations and Future Direction

The duration of the training at a school setting may have caused some parents to drop out. The time commitment was extensive and life event kept some parents from participating all 13 sessions. The parents were encouraged to continue with online training series but it could not be confirmed.

Administrative support is critical to make it available at school during school hours. The enthusiasm has diminished as the leadership changed.

Online training is a possibility where parents can learn at their own pace. Meet fewer times to have discussions instead. It is available at www.natureNnurture.com and free access is available with a promo code: EIQstayhome, created during Covid19 stay at home order.

A longitudinal study could investigate the long term impact of a comprehensive training when parents support one another over time and maintain the knowledge and practice each day. Developing a support network via social media is a possibility.

Conclusion

Knowledge and high test scores alone are not enough to meet the demands of the twenty-first century global world. As the school systems are embracing the need to

integrate social/emotional learning in education, the path can be very different. It is clear that schools cannot do it alone when the children are coming from home environments that hold a different set of values. Therefore, a comprehensive parent education offered at school for all parents will provide access to parents who cannot afford expensive workshops or conferences. This type of training has never been done during school hours but overwhelming parents expressed the need for it. One of the benefits of having the training during school hours is that parents did not have to worry about child care in the evenings. It was a new idea that worked only when administrators made it a priority. Institutional barriers could impede a comprehensive training and time needed for the training can be in conflict with other school priorities. One of the ways to overcome the barriers is through grassroots enthusiasm to raise awareness about the importance and the need for a comprehensive training on emotionally intelligent parenting. The parents who went through the journey to learn about emotionally intelligent parenting highly valued the experience. This article is written to raise their voices and support for a proactive comprehensive training for anyone who cares for the future of our children.

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Appendix

Emotionally Intelligent Parenting and Lifestyle Class

FEEDBACK

1. On the scale of 1-10 (1 is the worst and 10 is the best), how helpful was the class in your understanding of your beliefs and values impacting the way you parent?

2. On the scale of 1-10 (1 is the worst and 10 is the best), how much did you learn to put into practice the skills that promote emotional intelligence? _____
3. On the scale of 1-10 (1 is the worst and 10 is the best), would you recommend this learning opportunity to other parents? _____
4. Please add what was different about this class that helped you to be an emotionally intelligent parent?

Would you recommend this class to other parents? _____

What would be the estimated value of this type of learning opportunities?

Understanding the Experiences of School-Based Marriage and Family Therapists

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Abstract

The school setting is an increasingly examined area of mental health intervention and there is a growing body of research surrounding the role of systemic therapists working in school-related positions. The multidisciplinary foundation of Marriage and Family Therapy is key to better understanding the implementation of systemic thinking in the school setting. Drawing on earlier research by authors such as Vennum and Vennum (2013) and Laundry (2015), the presenter conducted an interpretive phenomenological analysis to examine the experiences of Licensed Marriage and Family Therapists and their work in schools.

Through a series of structured interviews, participants were asked a series of questions in order to better understand the therapist's experience of providing services to students, supporting school staff, and implementing systemic interventions in the academic environment. Criteria for participation included participants being graduates of COAMFTE accredited universities, holding a valid Marriage and Family Therapy License, and either currently working in a school setting or had done so within the last five years.

After a thorough analysis and development of common themes among the transcripts, four themes emerged from the data. The themes were (a) *the naturally systemic environment of schools*, (b) *a bifurcation in experiences of engaging the entire school system or focusing on treating the identified client*, (c) *an intentional involvement of family*, and (d) *advocating starts at the school level*. Using existing research and data reported by participants, the presenter draws comparison to other professions with which systemic therapy has been integrated. The presenter identifies possible advocacy strategies for future efforts.

Introduction

Mental health intervention and services in schools is a growing topic of study with the increase in school violence, bullying, and other mental health concerns being identified by researchers in schools (Sanchez et al., 2018). Schools are also considered primary places for intervention for children, and a variety of mental health providers are present in schools to engage students and their families in treatment (Villarreal & Castro-Villarreal, 2016). Marriage and Family Therapists are uniquely suited, based upon the systemic training and skills MFTs hold (Laundy, 2015; Vennum & Vennum, 2013). In these school based mental health services, MFTs support student socioemotional and educational development and treat diagnosable mental health conditions. Sanchez et al. (2018) report a wide variety of mental health programs taking place in schools. Some programs focus on school-wide intervention, while others focus on individuals or small groups, and within this array of types of programs there are a variety of providers practicing in schools.

There are a variety of mental health professionals working in schools across the country. School counselors, Licensed Professional Counselors, Social Workers, and Psychologists tend to be some of the most common professionals found in schools, but Marriage and Family Therapists are an increasingly present discipline within school settings. While school counselors are often considered the primary mental health providers in a school setting, recent trends indicate school counselors tend to spend a majority of their time completing administrative and educational tasks that take away time from providing mental health services (von der Embse, 2018). Until recently, Marriage and Family Therapists have not been approved providers for mental health services in schools, and this slowly started to change across the country with Connecticut becoming the first state to approve MFTs for school certification, more easily opening the door for school districts to employ MFTs. Other states, including Texas, Maine, and New Mexico have added MFTs to the list of approved providers in school (Vennum & Vennum, 2013).

MFTs are systemically oriented and trained to work in a variety of settings; clinicians are trained to see interactions and patterns among individuals in the maintenance and creation of mental health problems (Becvar & Becvar, 2009; Terry, 2002). MFTs intervene with students in the context of their relationships and interactions in the school in order to support problem solving. For example, a student may face a problem related to bullying, and the MFT will help the student cope with their experience

of bullying by examining the interactional patterns that maintain the bullying behaviors. At the same time, some students may experience problem at home or in the community that interfere with their functioning at school. A student's parents' divorce may lead to increased stress moving between households and increased parent conflict; some students experiencing these problems that may not be related to but interfere with school can cause a series of behavior problems and even student drop-out (Iachini, Petiwala, & DeHart, 2016).

In these types of situations, an MFT is able to utilize specific training around working with marriages and family relationships, and the school setting is replete with interactions. Becvar and Becvar (2009) identify MFTs to be trained in ways to explore interactions and how individuals relate to one another, and how this influences change. Considering a school setting, there are hundreds, if not thousands, of interactions that take place a day in just one school building. There are interactions among students and teachers, between students and teachers, between students or teachers and administration staff. There are added layers of interaction when considering special education and auxiliary services that take place at school, as well as the inclusion of family members present. An MFT is uniquely positioned to intervene in classrooms and schools based on the number of interactions that occur in these settings, yet there is less research regarding the presence of MFTs in schools. MFTs are able to examine and intervene in a classroom setting to support peer and student-teacher relationships, much like relationships are addressed in family therapy. This is an appropriate comparison given the amount of time a classroom of students spends together every day, week, and school year. Taken from this perspective, students are viewed and understood through the connections in their lives instead of the wrong behaviors displayed in school (Lindo et al., 2014).

There is a growing research base for MFTs in schools, and this is met with the simultaneous increased focus on school-wide approaches to mental health and disciplinary intervention; these larger-systems of change with multiple settings and persons involved is an ideal place for MFTs to practice (Brigham, Gustashaw, Wiley, & Brigham, 2004). Vennum and Vennum (2013) report MFTs working in schools as practicing at a natural crossroads between where problem behaviors and symptoms are reported and where treatment is provided, instead of referring a student for services outside of a school, thus losing the context and relationships that influence the problem.

In spite of this natural affinity and connection, there are no consistent standards for MFTs practicing in schools, and professional development in this area is minimal.

Survey research completed by Vennum and Vennum (2013) reports a variety of advantages and disadvantages MFTs identify about working in schools. Among the advantages reported by participants was the ability to address student problems in the school setting, or the context in which the behaviors occur. From a systemic perspective, clinicians are able to identify the problem- generating and problem-maintaining relationships and interactions. Additionally, the authors reported consistency among participants who identified the added ability to interact with family and school members at the same place, adding both convenience for treatment and increased collaboration across therapy services. Several disadvantages were also identified and included difficulty in completing full sessions due to the school schedule, as well as the need for educational activities to take priority at times.

Vennum and Vennum (2013) communicate some information about the experiences of MFTs in schools, yet much of the research regarding school based mental health services, including research about MFT practice in schools focuses more on theoretical application, individual programs intervention, and other aspects of the practice that lacks an experiential element. Some existing research can support MFTs in the development of school based program development at both a school wide and a more focused, smaller level at school (Butler & Platt, 2008; Collins-Ricketts & Rambo, 2015; Wallace, Hai, & Franklin, 2020; Ziffer et al., 2007).

The author worked in school-based therapy for approximately 6 years, and over the course of this time, was able to utilize his systemic training to engage in mental health services in multiple schools. Working in a metropolitan school district in the capital city of a southern state, the author was the only identifiable Licensed Marriage and Family Therapist practicing school- based services at the time of the research (Lisa Williams, personal communication, April 26, 2017). The research reported by Vennum and Vennum (2013) was the foundation of the current research; the author was able to identify personal experiences that coincided with those experiences reported through the survey research. Aiming to identify a way to better connect and understand the experiences of those MFTs working in a school setting, the author was able to identify multiple research articles with information about the practice of systemic therapy in schools but little research about the experience of those individuals working.

Method

In order to better understand the experiences of MFTs working in schools, the author conducted interviews with Licensed Marriage and Family Therapists working in schools. More specifically, the author sought to identify any reported experiences that may be tied to the MFTs' systemic training. This is consistent with the author's personal experience of working in a school attempting to engage with clients and families, as well as collaborate with school staff in the process of treatment. Due to the author's personal connection to the experience as an MFT working in schools he utilized an interpretive phenomenological analysis (IPA) to guide the research process (Smith, Flower, & Larkin, 2009).

IPA researchers frequently utilize their own experience throughout the process of conducting and analyzing data, and this is consistent with systemic epistemology. Systemic clinicians engage in therapy services *with* clients and consider their own influence on the presenting problem and individuals involved in maintaining the problem. This is an isomorphic process to the current research in which the author is able to connect with participants because of possible shared experiences. Previous experiences would significantly influence the development of interview questions, follow up questions, and other aspects of the data analysis process. MFT practices in school is quite a large field, and through this IPA qualitative research process, the author hoped to identify a small part of that experience through reports of MFT experiences in school (Smith et al., 2009).

A total of 8 MFTs participated in research interviews, at which the author identified saturation of the data. Smith and colleagues identify saturation is often achievable with up to 6 participants. Participants were eligible for interviews if they graduated from a marriage and family therapy master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and held a current marriage and family therapy license in their respective state. The author utilized this screening criteria as accreditation standards established by COAMFTE assured systemic orientation for MFTs, especially when considering the differences in licensure standards across states (Crane et al., 2010). Participants were either currently practicing in a school setting or had done so within the last 5 years at the time of participation in an interview. Participant experiences, however, may have covered a much wider timeframe if the clinician had been practicing in a school setting for more than 5 years.

An initial call for participants through COAMFTE program directors yielded minimal responses and only two possible participants. Additionally, the author posted in the American Association of Marriage and Family Therapy(AAMFT) TIN (Topical interest network) “Family Therapy in Schools” message board. This online community consists of graduate students and fully licensed professionals choosing to subscribe to the TIN through their AAMFT membership. Additional chain sampling led to an eventual 8 participants completing interviews. All participants completed a demographic questionnaire and informed consent documentation prior to their recorded telephone interview, which lasted approximately 30-45 minutes.

All participants reported currently working in a school, and some were employed directly by the school while other MFTs identified being employed by an outside mental health agency that contracted to provide school-based services. Of those interviewed, two MFTs reported previous teaching experiences which influenced their desire to work in a school, and 6 participants reported no previous school work experience. Six MFTs reported working in large metropolitan school districts with 2 participants identifying working in rural school districts. There was one cluster of three participants obtained through chain sampling that worked for a public charter school. The two participants working in rural districts identified being employed by outside mental health agencies; this arrangement led these individuals to work in a variety of schools in their area. Finally, three participants identified being employed by public school districts. Within in this setting, however, there was difference among participants with Participant 1 working in up to 13 different schools and Participant 5 only working on 1 school campus.

The following questions completed the initial interview guide for all interviews. The author adopted a semi-structured interview process, focusing on open-ended questioning to maximize data capture (Smith et al., 2009). All interviewees responded to the initial list of 14 questions, and each interview consisted of follow up questions based on the content of the interview.

1. Talk to me about how your systemic training has been helpful in a school setting.
2. How do you describe your experience of practicing systemic therapy in a school setting?
3. How do you think what you do in school, practicing systemic therapy, is different than what other mental health professionals do in a school setting?

4. To what extent can systemic therapy support students to resolve school-related problems?
5. What about supporting families?
6. What about supporting school staff?
7. How do you maintain your systemic epistemology?
8. In what ways has your systemic training and practice influenced the school, including areas of discipline, policies and procedure, and overall climate?
9. In what ways, if any, has it been a challenge when practicing in a school setting?
10. Tell me about a case example that embodies the systemic influence in a school.
11. Is there anything else that you would like to add that I haven't asked?
12. What else do you think would be helpful to understand the use of systemic therapy in a school setting?
13. What advice would you give other systemically oriented practitioners in regard to systemically oriented practice in a school setting?
14. How can we advocate for more MFTs working in schools?

Some interviewees struggled to respond to some questions, and follow-up clarification was offered when needed. Questions two and three were consistently difficult for participants to differentiate when responding; more contextual information based upon the participant's responses at that point in the interview was offered to participants.

After transcribing each interview, the author began an exhaustive review of each transcript, making note of individual participant responses and reported experiences. A review of the data included focusing on the targeted phenomenon in relationship to each individual reporting the experience, as the individual's unique employment and practice context is important to understand the participant's responses. Focusing on contextual information is again consistent with systemic epistemology as mentioned previous because MFTs address mental health and behavioral symptoms among the people that may perpetuate the problem (Becvar & Becvar, 2009; Keeney, 1983).

Following data collection and analysis, interviewees participated in a member checking process in order to maintain a high level of credibility through data collection and analysis. Credibility measures are critical elements of IPA research due to the heavy influence a researcher's experience has on data collection and analysis (Smith et al., 2009). Three participants responded to the member checking process reported agreement with both the accuracy of their transcripts and the interpretation of their experiences as they related to the themes identified through data analysis.

Results

Through the interview and analysis process, several themes emerged amid the many experiences shared by those interviewed. The predominant themes identified were (a) *that school is a naturally systemic environment*, (b) *there seems to be a bifurcation of experiences when engaging in the entire school system versus focused treatment on identified clients*, (c) *MFTs practiced with intentional family involvement in school*, and (d) *advocacy efforts start in the school where the MFT is practicing*.

In addition to the themes identified above, there were consistencies between participant experiences and existing literature on MFTs practicing in schools. In particular, many of the advantages and disadvantages reported by Vennum and Vennum (2013) were also reported by participants in this study. Among those recurring experiences were the challenges with balancing academic and mental health interventions, limited time for sessions, as well as the richness of data available for intervention. The latter is indicative of the shared experience across participants in identifying the school as a naturally systemic environment. The consistency of experiences across this study and other published research also indicates the integrity of the experiences reported by those interviewed.

The Naturally Systemic Environment of Schools

A majority of participants described their experience working a school in such a way that was consistent with a systemic epistemology. In fact, most described their experiences in schools as practicing in a naturally systemic environment. Stated differently, the school setting can be conceptualized in a systemic framework when considering the various sub-systems (classrooms, grade-levels, peer groups, staff, students) and other factors including incorporation of health, rehabilitation services, assessments, and social-emotional development. Participant 3 identified the following:

I think the biggest thing is understanding that school is a system too. When we think systemically, we automatically think of family and community, but the school is its own little ecosystem, and I mean... I like Venn diagrams to show how everything is interacting. And changing the structure of the school, the social structure or whatever, is just as difficult as changing that in a family. I haven't tried yet to see if there are patterned roles in the school like there are in a family, but it would be interesting to see.

Other participants identified similar experiences and thoughts regarding naturally systemic elements of the school setting. Participant 8 compared the school setting to that of a family, and "if you can kind of use that systemic brain and view your school as a family. And view those relationships that you build with every single teacher." This alludes to the parallel process ongoing between an MFT and a family and an MFT and members of a school. While the above participants reported favorable experiences working in a school, Participant 2 in the study reported having more frustrating experiences, yet she also identified how some teachers in schools she visited naturally being systemic in their orientation to classroom behavior (viewing influence in relationships) which made it easier for her to utilize systemic therapy interventions. Research Participant 7 identified the benefit of systemic practice in school very succinctly:

Some students might have personality conflicts or clashes with other teachers, and part of that systems theory is to look inward and invite the teachers to look inward at what is going on in their lives, and what is impacting them and how they are approaching or seeing a certain situation.

Across all participant interviews, MFT experiences indicated a consistently comfortable fit for utilizing systemic therapy interventions.

A Bifurcation of School Experiences

The second theme identified through analysis was a primary difference in experiences of those interviewed. Some MFTs reported experiences that were more consistent with school-wide engagement and influence on the larger school, and other participants identified experiences more focused on one-on-one intervention with clients and families. Both of these experiences included a significant amount of family and school staff involvement, and the primary difference seemed to be focused on the MFTs' influence on the school with changes in school climate, discipline, and other areas.

Participant 4 reported school staff members being resistant to change and school officials being resistant “to budge on discipline.” This participant further indicated,

It is a narrow line where I offer to talk to people about how I’m happy to share some suggestions with you guys about what kind of things might be implemented in the classroom or what kind of strategies we could use at school to help this child stay on task and stay in his seat and that kind of stuff. But I don’t put.... like I don’t tell them what to do.

Another participant (6) identified feeling frustrated in talking to teachers because the school staff members did not seem to identify the importance of working together. This led to the participant reporting consistent feelings of being frustrated with having multiple people engaged in student services, and there was little engagement in collaborative care.

Interestingly, Participants 6, 7, and 8 all worked on different school campuses for the same charter school district, and each person reported a different experience working at school. Participants 6 and 8 reported frustrations with not being able to influence the larger school environment, while Participant 7 identified a greater ability to influence the larger school environment. Multiple participants identified experiences of being considered administrator-like individuals in school, and this level of engagement led them to be able to influence disciplinary action decisions and other school policies. Participant 3 keenly identified how “schools are definitely looking to those of us that they allow in as experts and so we are saying, ‘hey, look, look beyond the individual.’ And they say, ‘oh yeah, we can see that.’” Participant 3 reported it clear process to develop relationships in school and influence the overall climate.

Previous school work experience as a teacher coincided with participants reporting a clearer process to engage in the school environment as an MFT. With follow up questioning on this experiences, participants indicated more familiarity with the academic aspects of schools.

Intentional Family Involvement

Family involvement was one of the main ways by which the interviewed MFTs reported their work being different than that of other mental health professionals working alongside them in school. Consistent across all participants was the focus on engaging in as much family work as possible. While some participants identified challenges with

increasing family engagement in treatment (Participant 2), other identified their school and staff as more encouraging with this focus. Participant 4 reported an example in which a teacher struggled with one student yet never met with the parents. In this example the school staff only spoke with the parents when communicating student problem behaviors, and this led to the parents having a negative, resistant attitude to engaging with the school staff. The participant identified helping the parents and school be “on the same page because they are able to see the other’s perspective a little bit better and I feel like that is beneficial for the kid in the long run.” At times this comfort with family work and intentional family involvement led to the MFT being a mediator between parents and school staff locked in conflict. This also meant that the therapist was called on to be a mediator between divorced parents struggling to communicate with one another.

The impact of increased family involvement in services in school was reported by several clinicians identifying the school staff members considering family involvement when managing a student’s behavior and education. The therapist’s role in engaging both the school and family in the student-centered problem provides a more supportive environment in which all involved focus on resolving the student’s problem instead of developing an adversarial relationship between school and family.

Some participants identified family involvement as the focus in school-wide programs, in addition to family involvement in direct therapy services with students. Participants 5, 7, and 8 reported creating parenting classes on their respective school campuses in order to increase the presence of parents on campus, as well as providing foundational information for student wellbeing. Participant 5 communicated unique experiences by working in a community school that consistently hosts “community events...that obviously are geared for students, and parents, and families of the school....” The MFT identified using these events outside of school hours to support family engagement in services.

Advocating Starts in the School

When asked about possible efforts to advocate for more MFTs to work in schools, some participants struggled to identify specific steps to take. Responses ranged from “Gosh. I don’t know. Win the lottery and get a lobbyist” (Participant 2) to “Wow. That is a great question. Well in [my state] we’ve only recently got a law passed for us to be able to diagnose. So that is a new thing” (Participant 4). One consistent response was the need to focus on gathering data to track MFT effectiveness in schools. Working in a large

urban school district, Participant 1 reported how

We need results, and that is what we are trying to figure out, is how to show that it is helpful, just like any counseling practice. How do we show what we are doing is of value, so one of the things we are trying to do is get feedback? There is always the, you know, qualitative feedback you can get which is people saying, ‘We like her. We think this is helping, you know, him or her.’ This is helpful but we need to see results and that is what we are still trying to figure out how we do that because it does not always directly impact [inaudible], but that is what they are really looking at schools. They go based off of money and what works, and if you can help kids, you know make a difference in getting the kids to school. Finding ways to collect data, that will really help and show the school district, you know the board members, that you are making improvements through the data and that really helps speak their language.

Participants reported school staff members and administrators maintaining some level of confusion about the role of a Marriage and Family Therapist in a school until the MFT was able to communicate and educate the staff on their skill set. Participant 5 reported working to educate the school staff on the differences among the primary mental health professions such as social work, school counseling, and psychology. And while this effort may not increase the overall presence of MFTs working in schools, the participants indicated more inclusion in the school environment once staff members better understood the MFTs’ scope of practice.

In addition to the reported need to advocate for their own role, the MFTs interviewed communicated a need to “become part of the system” (Participant 8). This is isomorphic to the way in which a systemic therapist views themselves in the change process – considering the influence of the therapist on the system. It is clear from the data that large-scale advocacy efforts may be desirable for many, and the best place to start is with small-scale advocacy efforts in the individual schools and districts in which the MFT is employed. Participants 6, 7, and 8 reported the charter district in which they worked moved to only employ MFTs for student intervention positions due to previous success with employing MFTs.

Discussion and Implications

A framework for school based marriage and family therapy practice is established in the literature, primarily through Laundry’s (2015) work on multidisciplinary systems of

support in schools. The experiences reported by participants in the current study are consistent with many of the principles laid out in previous literature identified above. The identification of the four emerging themes are both consistent with existing research, as well as a source of new information regarding school based MFT practices.

A similar comparison may be apparent to some readers when comparing school based MFT practice with medical family therapy. Identifying the overlap from marriage and family therapy and the biological, psychological, and social aspects of medicine, researchers began to advocate for the incorporation of MFTs in medical settings in order for the clinician to support the patient and family through the multifaceted experiences of medicine (McDaniel, Doherty, & Hepworth, 2014). Over years of integration and development, medical family therapists are now a growing presence within the MFT and medical fields, with graduate degree programs created to support the field.

The systemic training of MFTs is essential to understanding the comparison between the inclusion of MFTs in school and medical settings. An MFT's unique ability to collaborate with a variety of disciplines by examining the relationship among those involved in a system is key to understanding the effectiveness in schools. If, as identified in data analysis, the school is a naturally systemic environment, then it is natural that MFTs would focus on increasing both their scope of practice in schools, as well as advocating for a larger presence of MFTs in schools. An inclusive approach to mental health, systemic therapists work with the many disciplines present within schools to best support student mental health and wellbeing.

The experiences outlined in the current study help establish the need for more MFTs to be in schools, supporting, students, teachers, and parents in problem resolution and mental health. Research participants identified the need for more data to increase the numbers of MFTs in school, and other areas of study are apparent from the current research. A better understanding of the bifurcation of experiences in working with the school is of particular importance to the author, given the degree of difference participants reported in their experiences. It is essential to further examine both sets of experiences in order to establish and influence professional and training standards for MFTs working in schools. Additionally, a closer examination of engagement strategies between MFTs and schools is a clear next step following the experiences reported in the current student when considering the difficulty with which MFTs responded to questions about these strategies.

The current research demonstrates a high level of consistency between experiences of MFTs working in schools with the experiences and principles reported in professional literature. Through the better understanding of working in schools, MFTs can work to increase the awareness and need for MFTs in schools, providing a foundation for ongoing improvement in professional and educational standards.

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Running Head: MFTs in SCHOOLS