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## AVAILABILITY AND PERCEIVED EFFECTIVENESS OF HIGH SCHOOL PROGRAMS, SERVICES, AND APPROACHES TO ADDRESS TRAUMA-RELATED OUTCOMES IN THE UPPER PENINSULA OF MICHIGAN

Jaime VanEnkevort  
jvanenke@nmu.edu

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AVAILABILITY AND PERCEIVED EFFECTIVENESS OF HIGH SCHOOL PROGRAMS,  
SERVICES, AND APPROACHES TO ADDRESS TRAUMA-RELATED OUTCOMES IN  
THE UPPER PENINSULA OF MICHIGAN

By

Jaime VanEnkevort

THESIS

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SIGNATURE APPROVAL FORM

*Availability and Perceived Effectiveness of High School Programs and Services to  
Address Trauma-related Outcomes in the Upper Peninsula of Michigan*

This thesis by Jaime VanEnkevort is recommended for approval by the student's Thesis Committee and Department Head in the Department of The School of Education, Leadership, and Public Service and by the Dean of Graduate Education and Research.



11/04/2020

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Committee Chair: Dr. Judith Puncochar

Date



11/04/2020

---

First Reader: Dr. Kristen White

Date



11/05/2020

---

Second Reader: Jean Kupper, LMSW, CAADC, MAC, CTMH

Date



10/26/2020

---

Department Head: Dr. Joseph Lubig

Date



11/16/2020

---

Dr. Lisa Schade Eckert  
Dean of Graduate Education and Research

Date

## ABSTRACT

# AVAILABILITY AND PERCEIVED EFFECTIVENESS OF HIGH SCHOOL PROGRAMS, SERVICES, AND APPROACHES TO ADDRESS TRAUMA-RELATED OUTCOMES IN THE UPPER PENINSULA OF MICHIGAN

By

Jaime VanEnkevort

Twelve administrators at Michigan Upper Peninsula (U.P.) high schools participated in 12 separate structured interviews to identify programs, services, and approaches to address trauma-related outcomes. Participants were three U.P. superintendents, eight principals, and one Intermediate School District (ISD) social worker who described a convergence of factors affecting assessment measures of programs, services, and approaches to address student trauma-related outcomes in U.P. high schools. The interviews addressed the identification of programs, services, and approaches to address trauma-related outcomes at U.P. high schools and the assessment measures in use to evaluate available programs, services, and approaches. A systems theory approach and understanding of trauma-informed schools were used to ground interpretation of the results. Data analysis was conducted utilizing mixed-methods. Key findings of the research clarified extent of use of program assessment methods to measure trauma-related program effectiveness and quality, identified goal outcomes of trauma-related programs, services, and approaches to include student attendance, wellness, and GPA, and determined perceived extent to which mission statements were inclusive to address student trauma-related programs, services, and approaches in U.P. high schools.

A product of the research included a compilation of programs, services, and approaches in use at U.P. high schools to address trauma-related outcomes in students (see Appendix A).

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2020

## DEDICATION

For Lena, and for Isabelle

Who I sat with in schools

Holding on together

To the razor sharp edge

Of our connected

Metal thin lives.

## ACKNOWLEDGMENTS

I acknowledge the incredible team in the School of Education, Leadership, and Public Service (SELPS). I would like to thank my thesis advisor and knowledgeable other, Dr. Judith Puncochar and the members of my thesis committee, Dr. Kristen White and Jean Kupper. I would also like to recognize and offer my gratitude to the 12 administrators who opened their hearts and schools to this research process and to my GED and K-12 students. You continue to inspire me every day.

A heartfelt thank you is extended to SELPS Professor and Associate Dean Dr. Joseph Lubig for authorizing financial support for transcription services and research costs, Northern Michigan University (NMU) Field Experiences Administrative Assistant Paula Ritari for providing an Upper Peninsula principals and intermediate school district contact database, NMU teacher candidate and research teammate Manpreet Chandi for his assistance with data analysis, and to the Excellence in Education Scholarship Committee for the summer 2019 financial and academic support I received to begin my research.

Finally, I want to thank Justin, my rare and beautiful partner, Harlow and Maris, my extraordinary children, and Laura and Dirk, my mom and dad, lifetime advocates and supports. This project is one result of the combined efforts of us all.

This thesis follows the format prescribed by the Publication Manual of the American Psychological Association (APA), Seventh Edition.

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## INTRODUCTION

The Michigan Department of Education (MDE) recognized trauma as widespread (Governor Gretchen Whitmer et al., 2020). Epidemiological researchers have documented the prevalence of childhood trauma (Felitti et al., 1998; Anda et al., 2006; Finkelhor et al., 2011; Kilpatrick & Saunders, 1997; Costello et al., 2016), and public awareness of the prevalence of trauma has increased. In response, communities and community organizations have recognized greater awareness of trauma-informed approaches.

Exposure to trauma has affected student academic performance (McInerney & McKlindon, 2014; Oehlberg, 2008). Consequently, schools have been placed in the critical position of addressing trauma to promote student learning. Implementing programs with trauma-informed approaches has been one way schools have responded to the trauma experienced by students. The National Child Traumatic Stress Network (NCTSN, 2018) defined a trauma-informed school system as

“one in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system. Addressing the impact of trauma exposure on students and school personnel directly, resisting punitive responses, and providing practical skills and supports to manage traumatic stress reactions are essential for building a positive school climate for students and teachers.”

In a report released in summer 2020, the MDE defined the role of a trauma-informed school:

“A trauma-informed school recognizes that exposure to trauma is widespread and impacts student social, emotional, academic, and physical functioning; and responds by fully integrating and sustaining trauma awareness and knowledge into all school policies, procedures, practices, and the physical environment in order to create a culture that

emphasizes the safety and wellbeing of both staff and students and that creates opportunities for students who are trauma survivors to rebuild a sense of control and empowerment and to thrive academically. For many schools, becoming trauma-informed requires a paradigm shift across all levels to re-focus on understanding what may have happened to a child and what supports will help a child heal, rather than on setting universal expectations or applying punitive discipline to shape student learning and behavior” (Governor Gretchen Whitmer et al., 2020).

The current study aimed to identify available programs, services, and approaches to address trauma-related outcomes in high schools in the Upper Peninsula (U.P.) of Michigan, determine assessment measures U.P. high schools use to evaluate the programs, services, and approaches, and describe administrator perceived effectiveness of assessment measures of the programs, services, and approaches. Trauma-related outcomes are defined by Anda et al. (2006) as mental health disturbances, somatic disturbances, substance use and abuse, early intercourse, promiscuity, sexual dissatisfaction, impaired memory of childhood, high perceived stress, difficulty controlling anger, and perpetration of intimate partner violence.

### **Local Context**

The U.P. is a large, sparsely populated, rural region located in Northern Michigan comprising approximately 40% of the state’s total land mass, 3% of the state’s population, 4% of the nation’s Native American population, and five federally recognized tribes (United States Census Bureau, 2017). The U.P. is an economically distressed region with a per capita income lagging well below the national average (Michigan Small Business and Technology Development Center, 2009). In addition, the U.P. maintains the highest rate of babies born addicted in all of Michigan (Fetal Infant Mortality Review, 2016).

Barriers to accessing mental health services for children and families living in rural poverty include increased physical distance from mental health providers, poor retention of highly qualified individuals, and a negative stigma regarding mental health problems and help-seeking (Meyers, Tobin, Huber, Conway, & Shelvin, 2015). Children and families living in rural poverty were more likely to experience “violence, hunger, marital conflict, and poor health” and “often have a parent with little education, live in single parent households, and attend low-performing schools” (Curtin, Schweitzer, Tuxbury, & D’Aoust, 2016, p. 3-4).

### **Assessment Measures**

The current study focused on assessment measures U.P. high schools used to evaluate programs, services, and approaches to address trauma-related outcomes. Educational outcomes defined by schooling institutions are distinct from trauma-related outcomes defined in the fields of social work and mental health. An educational outcome is defined as an “expected result... of work the [institution] does” (Puncochar, 2018, p. 2). Educational outcomes are “measurable, concrete, visible, tangible artifacts” and a student “should be able to demonstrate the [program] outcome” (Puncochar, 2018, p. 2). Educational outcomes are “directly related to key functional responsibilities identified in the department/unit’s mission” (Puncochar, 2018, p. 2).

The department or unit defined in this study was the educational institution. Educational institutions were responsible for the “quality of its educational programs, learning environments and support services... [and for evaluating] their effectiveness for student learning through processes designed to promote continuous improvement” (Higher Learning Commission 2015, p. 10, as cited in Kujawa & Frederick, 2016). The Michigan Merit Curriculum described educational institutions as “responsible for providing all students the opportunity to learn the content outlined by the standards” (MDE, 2017, p. 1).

As the responsibilities of schools expanded beyond providing students with the opportunity to learn, schools necessarily addressed trauma experienced by students with trauma-informed schooling practices. This study sought to examine administrator perceptions of assessment measures and the use of assessment measures to evaluate programs, services, and approaches to address trauma-related outcomes in U.P student populations.

### **Research Questions**

An up-to-date compilation of available U.P. high school programs, services, and approaches to address trauma-related outcomes did not exist. This project identified available programs, services, and approaches to address trauma-related outcomes in U.P. high schools, created a compilation of available programs, services, and approaches currently in use by U.P. high schools, and determined assessment measures used to evaluate available programs, services, and approaches. The research questions guiding the project were:

1. What is the extent and nature of programs and services related to trauma in public high schools across the U.P.?
2. How do administrators at U.P. public high schools assess effectiveness of programs, services, and approaches to respond to student exposure to trauma?

### **Theoretical Framework**

A theoretical framework grounded the interpretation of data. Theory provided a lens through which to view information, propose solutions to the research questions, and provide a looking glass to frame solution proposals. The current study examined assessment measures through the lens of a Systems Theory approach. General Systems Theory originated in biology (Bertalanffy, 1973; Boulding, 1956; Keenan, 2010) to examine the interaction between and among various and multitudinous facets of a given system. Bertalanffy (1973) claimed that the inspection of an

individual unit could give no information regarding the coordinated operation of the organism as a whole; the task of the researcher, as such, was to develop an understanding of the organic organization of the system and the communication between and among the system's constituent parts. In utilizing this "method of investigation", the researcher would experience a "fundamental change in the world picture" (Bertalanffy, 1928, as cited in Bertalanffy, 1973, p. 410). Further developments in Systems Theory continued to examine "potent relational forces" (MacKay, 2012, p. 233).

In examining assessment measures used at U.P. high schools regarding trauma-related programs, services, and approaches, General Systems Theory provided the consideration of the organism of the school system as a cohesive, communicating "biological" unit. Assessment measures, as such, could not be examined in isolation apart from the larger body, coordinating functions, and processes of the school.

In arranging theoretical systems to describe General Systems Theory, social organization was considered as an individual level in his hierarchy of complexity (Boulding, 1956). Regarding social organizations, Boulding (1956) wrote:

"At this level we must concern ourselves with the content and meaning of messages, the nature and dimensions of value systems, the transcription of images into a historical record, the subtle symbolizations of art, music, and poetry, and the complex gamut of human emotion. The empirical universe here is human life and society in all its complexity and richness" (p. 205).

Social organizations, by nature, were multifaceted with a critical need for communication between parts. Boulding (1956) wrote about the importance of knowledge being communicated in a way receivable by another person: Knowledge was not knowledge if nobody knew it (Boulding, 1956).

hooks (1994) communicated a similar idea: theory, which “cannot be shared in everyday day conversation, cannot be used to educate” (p. 64). Theory communicated in a confounding way was a potential divisive force (hooks, 1994).

Commensurate with Boulding (1956) and hooks (1994), the author of this research study has attempted to communicate the research purpose, methods, results, and findings in clear everyday language. Systems Theory was applied to participant interviews and assessment measures to frame and honor participants’ understandings of program outcomes assessment and corresponding measures within the whole of the schooling institution as a system.

### **Methods**

This study employed a mixed-methods approach. Qualitative methods used in this research include telephone interviews guided by shared Google Drive materials and content analysis of the data. Quantitative measures included participant responses to multiple-choice items on the interview survey instrument (See Appendix A). The research participants, measures, and procedures are described below.

### **Participants**

The target population consisted of 72 high schools and seven ISDs in the Upper Peninsula of Michigan. Twelve administrators (five female and seven male) responded from 10 public high schools, one school district, and one ISD. Three superintendents, eight principals, and one ISD social worker responded. Response requests were sent via email in May, at the end of the 2018-2019 school year. Twelve of 79 possible participants responded for a response rate of 15%.

Participant responses were broken down by ISD region (see Table 1: Participant Response by ISD Region).

### **Table 1**

*Participant Response by ISD Region*

U.P. ISDs comprise a total of seven institutions. The highest response rates were garnered from the Gogebic Ontonagon (38%) & MARESA (21%) ISD regions (located in the northern and mid U.P.). No responses were received from the Menominee ISD region.

ISD	Frequency of High school/ISD Administrator Response	Total High Schools in ISD Region + ISD	Response Rate
MARESA	3	14	21%
Gogebic-Ontonagon	3	8	38%
Copper Country	2	12	17%
Eastern UP	2	18	11%
Delta-Schoolcraft	1	13	8%
Dickinson-Iron	1	8	13%
Menominee	0	6	0%

**Measure**

The survey instrument was adapted from Kujawa and Frederick (2016) *Nonacademic assessment: Finding the “Start Line.”* The survey consisted of four parts plus demographic information: programs, services, and “other,” assessment measures, use of results from assessment measures, and school mission statement, goals, outcomes, and needs (see Appendix A). “Other” was defined as approaches to address trauma-related outcomes. The language “program and service” was used interchangeably with “program, service, and approach” to denote the same meaning.

Participants indicated a multiple-choice response to describe satisfaction with processes and measures used to track programs, services, and approaches to address trauma-related outcomes.

Choices included:

- “A” Yes, in use and satisfactory;
- “B” Yes, in use, but needs refinement;
- “C” Not in use, but open to use;
- “D” Not in use and no interest to use;
- “E” Not applicable

Participants were also encouraged to specify processes and/or measures in an open-ended question format.

Background to the survey instrument includes the intent for the institution to use assessment measures data to increase assessment measures transparency and accountability, and to move to proactive service approaches:

“The Systems Appraisal team commented on the state of assessment in the academic support units and the need to examine current processes: ‘To move to a more proactive service approach and better empower staff to make positive changes the College might consider looking at specific processing metrics (labor time, steps, errors, delays, handoffs, processing time), making the information available to staff, and reviewing it regularly to determine progress and needed actions’” (Academic Quality Improvement Program [AQIP], 2013, p. 24, as cited in Kujawa & Frederick, 2016).

## **Procedure**

Research activities consisted of interviews conducted with administrators of public high schools and intermediate school districts (ISDs) in the Upper Peninsula (U.P.) of Michigan regarding available programs, services, and approaches to address trauma-related outcomes. Two interview sessions took place: Session I from May 22 to July 3, 2019 and Session II from August 5 to August 30, 2019.

Administrators were contacted via email with an interview request. The administrator email contact and school information list was generated by Northern Michigan University (NMU) Field Experiences Administrative Assistant at the School of Education, Leadership, and Public Service (SELPS). The email list was cross-examined by the principal investigator to verify accurate school administrator information; the email list included 72 administrator names and emails from 72 U.P.

high schools and 11 contact names and emails from 7 U.P. ISDs.

The email interview request included four attachments: Interview survey procedures, participant Interview Consent Form, call schedule, and survey inventory on programs, services, and approaches to address programs and services with trauma-related outcomes. Five interview requests and reminder emails were sent out between the dates of May 20, 2019 and June 11, 2019. An additional email interview request was sent out on July 31, 2019 by SELPS Professor and Associate Dean.

### **Threats to Validity**

A discussion of internal validity and external validity is important to this research. Internal validity addresses the research design and extent to which the results represent participants' realities and are not due to methodological errors in the research design. External validity deals with generalizability, i.e., in the context of the study, how well findings in this research could be expected to apply to other Upper Peninsula (U.P.) high school settings.

#### ***Internal Validity***

Instrumentation (i.e., the interview survey) and implementation of the survey are threats to internal validity of this study. The same interviewer was used for all 12 interviews. Interviewer experience with interviewing was gained over time; however, the interview instrument remained unchanged over the 12 interviews. In addition, interviewer expectations based on lived experiences, professional interests, and sensitivities might have had an influence on interviewer responses.

The lived experiences of the principal investigator include a sensitivity to trauma. The principal investigator was born and raised and received most of her K-12 schooling services in the U.P. The majority of the principal investigator's K-12 teaching experiences have occurred in U.P. high school and GED settings. Personal experience as a student and teacher with the lack of

programs, services, and approaches available to address trauma-related outcomes at the K-12 level in the U.P. is part of the principal investigator's personal and professional background. As such, the principal investigator acknowledges her background as influential in the pursuit of the research questions.

Care was taken to control the sympathies of the researcher. A second coder was obtained to control for possible questions of the expressed results and review of applicability of the expressed results to actual practice.

The researcher as interviewer was sensitive to the research question; however, a neutral interviewer was not available to conduct the interviews during the summer. The summer months as a seasonal effect could have influenced the number of participants available to respond to the request for research participation. More administrators could have been either available or away during the summer months.

To help offset threats to internal validity, interview data were transcribed live in a shared document during the interview and access was kept open post-interview for interviewee editing and approval. Interviews were also taped and transcribed with interviewee permission. During the interview, participant responses were summarized and recorded by the interviewer in a shared document. Participants were invited to review and approve their transcribed responses to the interview instrument. A second coder helped to control research bias in scoring and the examination of interview responses to determine observed research themes.

### ***External Validity***

Factors jeopardizing external validity included a potential reactivity or interaction effect of the interview and participants' sensitivities to the interview topic. The problems of external validity are not logically solvable in any neat, conclusive way (Campbell & Stanley, 1963, p. 17).

## **Interviews**

Twelve interviews ranging from 16 – 65 minutes per interview were conducted between the dates of May 22, 2019 and August 30, 2019. Administrators from 10 public high schools, 1 school district, and 1 ISD participated. Administrators signed up for a 30-minute interview using a secure Google link. Administrators were then contacted via email prior to the interview with an interview reminder. After the interview, a follow-up email was sent to administrators with the typed survey results. The principal investigator conducted each interview via phone and obtained participant verbal permission to record the interview using the Rev app. During the interview process, both the administrator and interviewer had live access to the survey; the interviewer typed administrator responses to the questions as the administrator spoke. Administrators had access to revise survey data after the interview for feedback on perceptions and ideas captured. Finalized surveys were saved to a secure Google Drive folder. Phone conversations were transcribed by the Rev transcription service and stored electronically.

Prior to the interview, participants were read the description and types of trauma-related outcomes as defined by Anda et al. (2006). Trauma-related outcomes include mental health disturbances, somatic disturbances, substance use and abuse, early intercourse, promiscuity, sexual dissatisfaction, impaired memory of childhood, high perceived stress, difficulty controlling anger, and perpetration of intimate partner violence (Anda et al., 2006).

A total of 12 interviews were completed. One participant did not complete the multiple choice section of the survey. The participant was contacted three times after the survey was administered with a request to fill out the multiple choice section. No response was received. Therefore, the data represents 11 responses on the multiple choice section of the survey and 12 responses on the descriptive portion of the survey.

## **Data Analysis**

Once data were collected from the 12 interviewees, the principal investigator compiled demographic data, identifying data (Part I), multiple-choice data (Part II) and descriptive data (Parts II, III, and IV) from the survey into a single Microsoft Word Excel document. The principal investigator compiled multiple-choice data into tables representing multiple-choice option, frequency of administrator multiple-choice response, and total response rate. No response was recorded as “no answer given.”

Participant responses to survey data and compiled multiple-choice data were then distributed to two team members: one undergraduate student familiar with educational processes and procedures and one graduate student researcher (the principal investigator). The purpose of the analysis was descriptive. Team members sought to describe what was in place and not prescribe value judgements to participant responses. The team members read the data separately and used open coding to identify themes within participant responses. Each team member created a list of predominant themes and presented the themes to the group. Categories were allowed to emerge from the data. Utilizing group consensus, the research team identified key themes. Properties were developed pursuant to each key theme.

Data were compared with emerging categories consistently throughout the process to ground categories in participant responses. Memos were utilized by the principal investigator to highlight categories of information, consider participant responses across categories, and shape which ideas to develop.

A comparison of measures used to assess programs for students who have experienced trauma is possible because 12 administrators interpreted each method in their own way (as opposed to a single case study administrator’s interpretation), so some recommendations could be drawn from

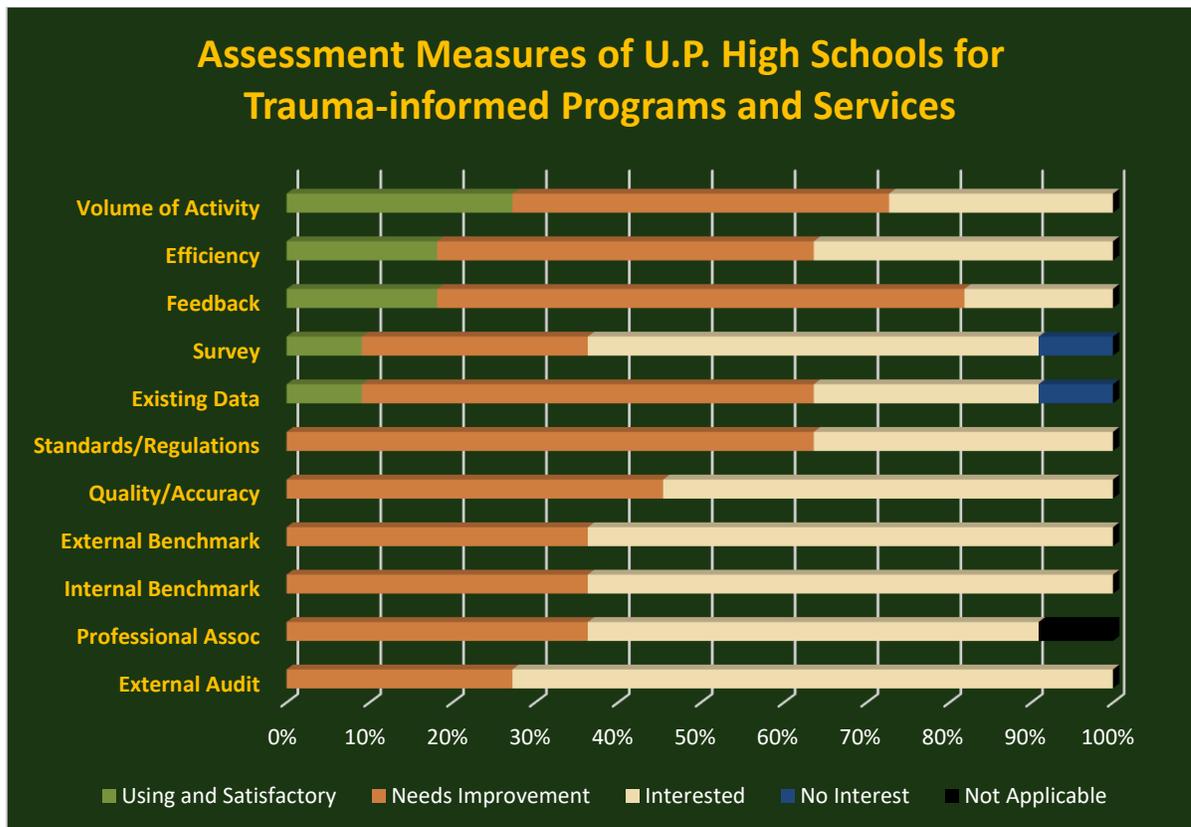
these data (see Campbell & Stanley, 1963, p. 32).

## Results

Results consisted of administrator described programs, services, and approaches available to address trauma-related outcomes and assessment measures of the programs, services, and approaches. Aggregated assessment measures information from survey multiple choice responses can be seen in Figure 1.

**Figure 1**

*Assessment Measures of U.P. High Schools for Trauma-informed Programs and Services*



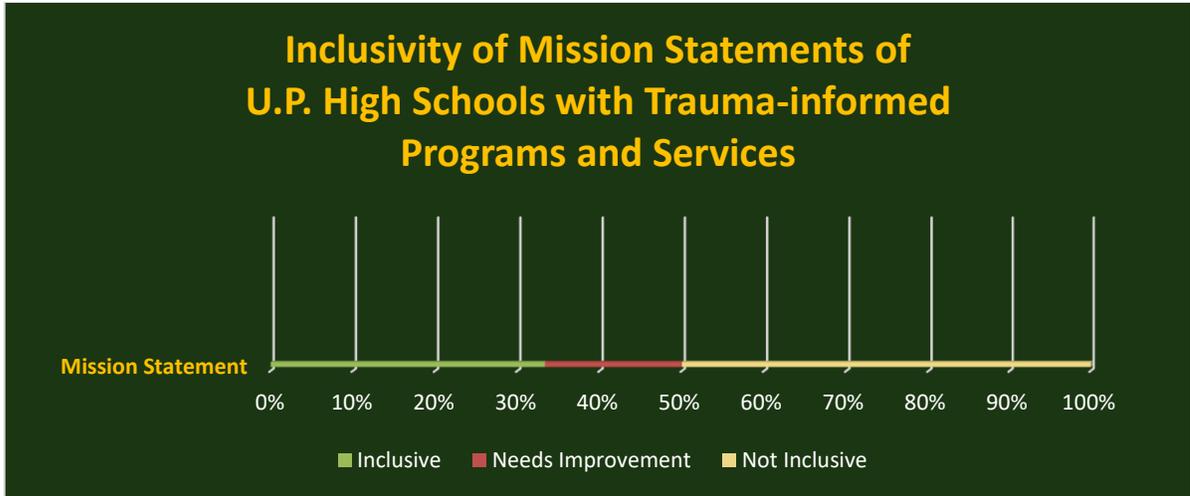
A wide variety of answers constituted the identification of “what counted” as a program, service, or approach (see Appendix B). For example, building improvement goals and district goals were included as a program to address trauma. Teachers were described as a building counseling

service. Health class was described as both a program and a service by different administrators. In determining “what counted” as a program, service, or approach, administrator answers varied as to the category placement, even in defining the exact phrase as another administrator (i.e. health class). Additionally, some administrators counted concepts common to school programs (i.e. building and district goals) as programs or services, whereas other administrators who also had these concepts common to their school (i.e. building and district goals) did not count the concepts as a program, service, or approach. Therefore, the number and types of programs, services, and approaches need to be carefully read to understand the various types of programs, services, and approaches administrators identified to address trauma-related outcomes. The compilation of programs, services, and approaches to address trauma-related outcomes as identified by administrators and in use at public high schools in the U.P. can be found in Appendix B.

Participant responses indicated whether participants interpreted mission statements as inclusive of high school programs and services to address trauma-related outcomes. Approximately 50% of administrators indicated mission statements were not inclusive. Approximately 50% of administrators responded missions statements were inclusive or inclusive and needing improvement.

**Figure 2**

*Inclusivity of Mission Statements of U.P. High Schools with Trauma-informed Programs and Services*



Five themes arose from the data analysis: 1) perceived efficacy of programs, services, and approaches, 2) perceived barriers to accessing effective programs, services, and approaches, 3) proactive versus reactive measures, 4) institutional shift, and 5) communication. Results will be described by theme in the order presented.

**Programs, Services, and Approaches Available**

During interviews, administrators identified programs, services, and approaches available to address trauma-related outcomes. A breakdown of administrator responses regarding program, service, and approach availability can be found in Tables 2, 3, and 4.

Seventy-five percent of administrators responded as having one to two programs in place to address trauma-related outcomes. Twenty-five percent of administrators responded as having no programs in place to address trauma-related outcomes (see Table 2).

**Table 2**

*Programs Available*

Response	Frequency of Response	Rate
No Programs	3	25%
1 program	4	33.3%
2 programs	5	41.7%

3 programs	0	0%
4 programs	0	0%
5+ programs	0	0%

All administrators responded as having at least one service in their building to address trauma-related outcomes (see Table 3).

**Table 3**

*Services Available*

Response	Frequency of Response	Rate
No services	0	0%
1 service	4	33.3%
2 services	1	8.3%
3 services	2	16.7%
4 services	4	33.3%
5+ services	1	8.3%

The majority of administrators responded as having one process or approach to address trauma-related outcomes. However, the range of responses varied, from administrators identifying no processes or approaches to identifying more than five processes and approaches (see Table 4).

**Table 4**

*Approaches Available*

Response	Frequency of Response	Rate
No processes or approaches	3	25%
1 process or approach	4	33.3%
2 processes or approaches	3	25%
3 processes or approaches	0	0%
4 processes or approaches	1	8.3%
5+ processes or approaches	1	8.3%

Administrators varied in their responses as to total number of identified programs, services, and approaches to address trauma-related outcomes. The range of responses varied, from administrators

identifying one total process or approach to identifying thirteen processes and approaches (see Table 5).

**Table 5**

*Administrator-identified Programs, Services, and Approaches*

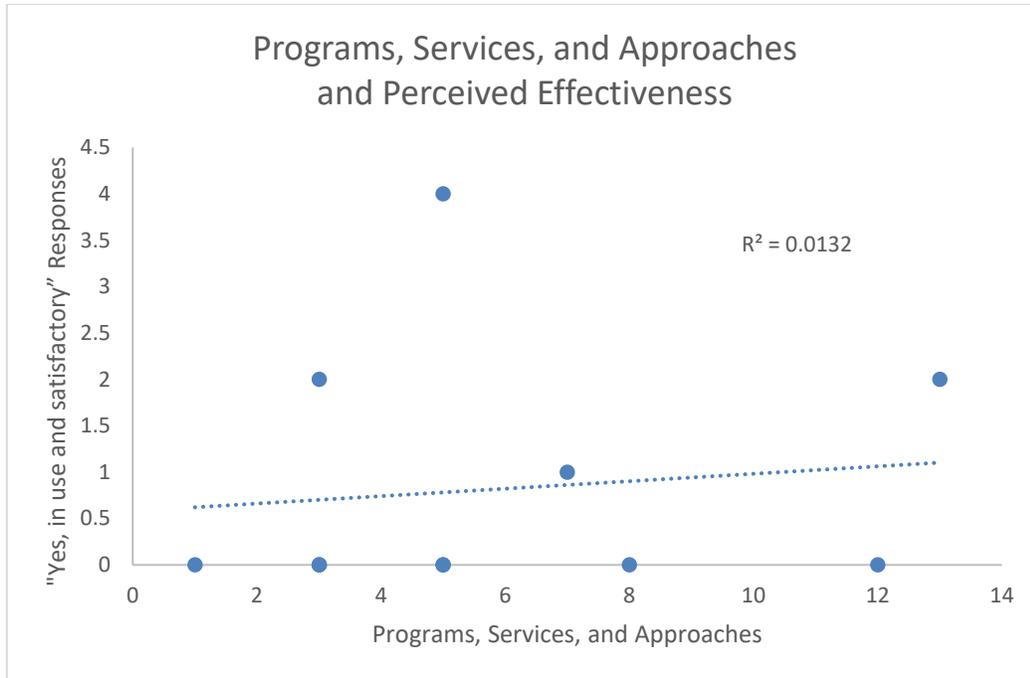
Administrator	Programs	Services	Approaches	Programs, services, and approaches identified
2	2	4	2	8
3	2	2	2	6
4	1	4	0	5
5	1	1	1	3
6	2	4	1	7
7	0	1	2	3
8	0	4	9	13
9	1	3	1	5
10	1	1	1	3
11	0	1	0	1
12	2	3	0	5
13	2	6	4	12

The number of programs, services, and approaches available appeared to have no correlation to administrator perceived effectiveness of the programs, services, and approaches (See Figure 3).

During data analysis, the research team asked the question, “Are numbers of programs, services, and approaches available correlated to administrator perceived effectiveness of programs, services, and approaches?” To test the question, the principal investigator compared the number of programs, services, and approaches identified by an administrator to the number of “Yes, in use and satisfactory” answers recorded on the multiple-choice section (Part II) of the survey. Administrator #3 was excluded from the sample, as no multiple-choice data were recorded for this administrator.

**Figure 3**

*Programs, Services, and Approaches and Perceived Effectiveness*



Care was taken not to extrapolate from the Goodness of Fit. The “no association” between results is descriptive of the relationship between variables.

Table 6 represents programs, services, and approaches identified by individuals and the measures in use to assess the program outcomes. Participants indicated whether the measures were in use and satisfactory. A perceived effectiveness measure of measure effectiveness was calculated as the number of programs with assessment measures in use and satisfactory relative to the total number of programs, services, and approaches identified.

**Table 6**

*Programs, Services, and Approaches and Perceived Effectiveness*

Administrator	Programs, services, and approaches Identified	“Yes, in use and satisfactory” responses recorded (Part II)	Rate (to measure perceived effectiveness)
2	8	0	0%
3	6	NA – no multiple-choice answers recorded	NA
4	5	0	0%

5	3	0	0%
6	7	1	14%
7	3	2	66.7%
8	13	2	15%
9	5	0	0%
10	3	0	0%
11	1	0	0%
12	5	4	80%
13	12	0	0%

### **Perceived Efficacy of Programs, Services, and Approaches**

During interviews, administrators identified and spoke to the perceived efficacy of programs, services, and approaches to address trauma-related outcomes. Using a Systems Theory Approach, administrator perceptions were organized into five properties: 1) program, service, and approach quality, 2) programs, services, and approaches available, 3) perceived purpose and use of data collection, 4) “knowing” students, and 5) student attendance.

#### ***Program, Service, and Approach Quality***

Ninety percent or more administrators marked either “Not in Use, Open to Use” or “In use, Need Refinement” for the measures of service quality regarding programs, services, and approaches. Each administrator (#7, #9, #10, and #12) who included descriptive data referenced communication as the critical focus of determining service quality. The word “communication” was most often used to describe administrator, guidance counselor, or social worker communication of student information or situation to teachers, with the purpose to improve the teaching of the student. Administrators described the need to refine and improve communication:

*“The accuracy of information has more to do with families than the schools - often we struggle to receive information from the families - makes sense - if the trauma is happening in the family, it makes sense it’s not coming out. We could really use ways to improve this area.”*

– Administrator #9

The desire to develop further working relationships with external community partners was cited as a point of concern:

*“How do we access families as a resource?”* – Administrator #9

### ***Perceived Purpose and Use of Data Collection***

Seventy-five percent of administrators answered either “Not in Use, Open to Use” or “In use, Need Refinement” for the measure of teacher/student survey data regarding the program, service, or approach. The majority of administrators who answered “Not in use” gave no descriptive data.

Administrators who answered, “Yes, teacher/student survey data are in use, but need refinement,” described a need for refinement in the way surveys are administered (i.e., concern regarding how often students are surveyed) and how survey data is used. Both internally- and externally-sourced surveys were described as in use. Internal surveys were described as targeted toward teachers, students, parents, and community. External surveys were described as sourced from a variety of organizations (i.e., Communities that Care, MiPHY, Great Lakes Center for Youth Development, the regional county health department) and targeted primarily toward students. Administrators who described the need for refinement described a sense of a lack of efficacy surrounding the use of the survey data.

One administrator (8.3%) responded teacher/student survey data regarding the program, service, or approach are in use and satisfactory. Satisfaction with teacher/student survey data was described in regard to the use of teacher-student conferences which take place multiple times a year. The ability to gain instantaneous feedback from students was described as a key element of a satisfactory survey. Surveys asking students questions about trauma were described as harmful to students who have experienced trauma:

*“The program [survey] was not good for our students at that time. It put a lot of kids back in a space to relive their traumas. There is a balance between harm of the data and benefits of the data.”* – Administrator #8

### **“Knowing” Students**

Administrator perceptions of efficacy repeatedly came back to the idea of “knowing students.” Administrators who described processes and/or measures of volume regarding their program and/or service as “In use and satisfactory” described a variety of ways of tracking volume data (internal and external recording); however, all responses indicated a sense of “knowing” students. The practice of frequent (weekly, bi-weekly, monthly) faculty meetings to assess teacher and administrator knowledge of students was described as a critical practice to “knowing” students:

*“One of the big things we do, we have a staff meeting every Tuesday and we go through each student, name-by-name, and if we need to stop on one, a teacher will say, “Stop.” And then at that point, we’ll talk about concerns we may have, excitements we may have, or what works with that student if said teacher doesn’t know.”* – Administrator #8

*“We have our staff meetings [once per month]. Teachers will also formally make me aware of any needs or concerns that they may have.”* – Administrator #12

*“We have bi-weekly staff meetings here and we’ll talk about any student needs or any hot button topics.”* – Administrator #10

Teacher learning community groups, face-to-face interactions with students, round table meetings with community partners, teacher outreach based on daily student survey data, and immediate response to student-voiced needs were also described as critical methods of “knowing” students:

*“I would say we keep in our student information system, we log entries when we are aware of issues or trauma incidents or whatever it might be for each student. So that's where we kind of keep track of everything. And I guess some of it also is, it's nothing worth writing home about, but we didn't know our students [at the beginning of the current principal's tenure]. So they're kind of, we have meetings with the various groups of people [community partnerships] and we just know who our students are. We have a pretty good idea when students walk into our building what's happening in their lives.” – Administrator #6*

*“Our school has created a Google form. They've gone as far as every day, they start the day, and they report off their stress levels. They have a pyramid scale, one to 10, of their stress level. And so it's teacher guided and lead, the teachers also report their stress levels. And it's created a common language within the school, and so right from the get go, the teachers and administrators can go on the Google, see where kids are at, and try to catch some of those students that might be on the high end of the pyramid or scale and begin to address those. And each number on the scale kind of has a response, if they're at a six, teacher needs to reach out to them. If they're at a nine, the building principal needs to seek them out. And others have maybe a four or a five, basically talk to a friend, or something along those lines. So there're some things in there that they can use as coping mechanisms or finding the support they need.” – Administrator #13*

“Knowing” families was also described as a way of “knowing” students:

*“We vet every single family that comes in this building. We walk, we tour, I ask really tough questions. Even if a family is causing trauma for their kid, they love their kid and want to help. We know the families we bring in to our building.” – Administrator #8*

Opportunities for open dialogue and creating common language between teachers and students was also described as important to “knowing” students:

*“But like I said, everyday they start in with this [the Google survey], so there are open dialogue between teachers and students in small group settings. Just an opportunity to come chat and try to get the day off to a good start, and then at the end, try to end the day on a good note. But again, like I said, it's created a common language too, so if the principal is dealing with something, and they can see, "Just so you know, I'm having to discipline you and I'm already at an eight today.” – Administrator #13*

### ***Outcomes to Measures Program, Service, and Approach Goals***

Administrators described the outcomes of attendance, wellness, and GPA to measure the goals of programs, services, and approaches to address trauma-related outcomes at U.P. high schools. Student attendance arose as a property important to administrator perceived effectiveness of programs, services, and approaches to address trauma-related outcomes. Across the board, administrators use student attendance as an outcome to measure program success:

*“We tend to see it [outcomes related to trauma] first in attendance, then academics - it could be a marking period that goes by before it comes to a head - by that point in time, that student has been suffering for a while.” – Administrator #9*

Repeatedly, administrators described increased attendance numbers as an outcome to measure program success and improvement. Attendance was also described as an outcome to measure program goals:

*“Attendance (is weighted). I print the attendance sheet every Monday to track who’s here, who’s not. I create a call list for kids I identify as not having been in school.” – Administrator #8*

## **Perceived Barriers to Accessing Effective or Improved Programs, Services, and Approaches**

During interviews, administrators identified and spoke to perceived barriers to accessing effective or improved programs, services, and approaches to address trauma-related outcomes.

Properties from the data included administrator perception on four categories: 1) budget and funding, 2) lack of trained professionals (guidance counselors, social workers, and school psychologists), 3) need for community partnerships, and 4) institutional resource allocation.

### ***Budget and Funding***

The majority of administrators (50%) identified four or more resources needed to develop better program, service, or approach outcomes and improve program, service, or approach quality and effectiveness. Administrators budgeting and funding limitations that resulted in a shortage of financial resources and rising needs:

- Inadequate financial resources to hire full-time guidance counselors, social workers, and school psychologists.
- Inadequate financial resources for trauma-specific training for staff.
- Inadequate financial resources for trauma-specific programs.

The need for additional financial resources was consistently expressed by administrators for a multitude of reasons:

*“A counselor available at any given time if a student was experiencing a suicidal thought.” – Administrator #3*

*“Financial resources. For a school our size, we should have three counselors.” – Administrator #6*

*“Reaching out to the public though, I mean that's the greatest difficulty I guess with that. We can find services here, but ultimately we're a school, we're a school district, and*

*access to public health, mental health, professionals for adolescents in this community, it's a tragedy. It's the worst. It's horrible. As far as budgets and stuff go, I mean yeah, I need a counselor. I don't have the funding for a counselor.” – Administrator #8*

*“Additional resources; we have not received it yet, but it’s my understanding we’re receiving a grant to put a social worker in our building.” – Administrator #9*

*“Support. Financial resources are critical. Financial resources don’t allow us to have a full-time counselor/psychologist. We could have a person in the building every day versus one day/week.” – Administrator #10*

*“I can’t add to staff, I can’t add a counselor under current financial circumstances.” – Administrator #11*

*“All based around financial resources. If we had the financial resources, we would definitely have the Cadillac plan - the premium standard plan.” – Administrator #12*

*“Financial Resources.” – Administrator #13*

*“Yeah, one of the main things we're working on right now is the training components. We're really hoping that we can find the financial resources to bring in Capturing Kids Hearts. We had a group of teachers and administrators attend one down [at the local ISD]... And every one that came back said that this is what's going to turn the corner with our teachers and staff, and bringing everybody together on that. And so anyways, we're looking forward to the benefit that could bring, comes with a big price tag though unfortunately too.” – Administrator #13*

### ***Lack of Trained Professionals***

In addition to the need for financial resources to hire trained professionals, administrators also described a lack of access to and a shortage of trained professionals in the Upper Peninsula:

*“There is really a big difference between us and across the bridge - one of the speakers we had in was appalled by the lack of services up there. For example, we have no youth beds for teens. I’ve had to drive as far as Grand Rapids for services. It’s the same thing with placement of kids - that group between 16 - 18 - if they need shelter, they have no place to go. We had program called SHIP; students could go there for shelter, classes, life skills, etc. That’s no longer in operation. It ends up being local/community outreach - I’ll call someone and ask, ‘Hey, can you take this kid for a day? Or until Friday?’ or whatever it is. The U.P. needs resources.” – Administrator #7*

*“In our area, and across the UP, especially the smaller areas, part of the problem is the lack of child psychiatrists and psychologists. The availability is poor - parents will reach out for help, and it’s 6 months to a year to get that help. We have a lack of professionals to help to address those needs. There is nothing available for our students to receive the professional medical help they need.” – Administrator #6*

*“[We need] access to public mental health.” – Administrator #8*

*“If we need to provide more services to the kids, we need to bring in more already trained professionals to provide services for these kids.” – Administrator #12*

*“Community professional help services are almost non-existent - regulations/lack of funding - that’s why we have Dial Help - they don’t have to deal with all the red tape. Community mental health organizations are boxed in by canned assessments for kids who need help/may be suicidal - we’ll send a kid there who has suicidal thoughts and they’ll get sent back to us in 90 minutes. Community mental health organizations definitely need refinement and more financial resources as well.” – Administrator #12*

A lack of access to trained professionals was described consistently by administrators.

Teachers and administrators fill these gaps, but lack the necessary training.

### ***Need for Community Partnerships***

Administrators described the need for community partnerships and the role community partnerships play in providing support to high schools:

*“The health foundation is a pretty big investment in our program. I don’t think we’d be able to do this [our trauma-informed initiative] without them.” – Administrator #13*

*“This [our trauma-informed initiative] all started from the Western Michigan Children's Trauma Center. And so, we kind of used our meetings and time with them to kind of help steer where we're headed.” – Administrator #13*

Community counseling services were described as a needed support to school counseling services:

*“That was my main goal [allocating fiscal resources for a therapist], is because my advisor and I do so much crisis managing, that we don't ... neither of us are trained as a counselor or as a therapist, and so I thought, ‘Okay, let's ... we need somebody here that's trained in this.’ But what I found was we have so many kids that are in that mode, even though not showing to us, we were having a hard time even keeping up, getting everybody in, because one of things that we know about high school students is they don't want to go to a counselor. So when we put one in our building and we said, ‘This is just, when you need them they're here,’ they didn't view it as counseling per se, and so we had a really long ... like, ‘Okay, we can't meet right now,’ and then she'd feel horrible, because one kid might take up two-and-a-half hours, because that's the mode they were in, and all the other kids didn't get to see them. So it's a little bit different than when you go to your counseling appointment, you*

*know you have an hour or half hour, so I found that really difficult to figure out how to schedule and make that work.” – Administrator #7*

Community partnerships were also described in terms of providing necessary supplemental expertise:

*“When I'm thinking of resources, another item that would be available, too, would be some of the community and outside resources. The reason I say that is because even if we are trained and even if we are able to do some support, there's some pieces that just aren't necessarily best fit inside the school. It might be that we need to refer that student off to somebody else, and we can kind of focus on what we do well but then have the support of some community resources.” – Administrator #9*

*“I started going out to the public and finding as many mental health professionals as I could that are willing to come in. That's what I talked about above, Pathways, juvenile courts, Great Lakes [Recovery Center], all that stuff.” – Administrator #8*

### ***Institutional Resource Allocation***

Institutional resource allocation also arose as a perceived barrier to accessing effective or improved programs, services, and approaches. Human resources and the use of time were described as critical needs for key institutional resources:

*“There's tons of research on kids needed to develop a relationship with at least one adult in the school; if it's to be in that counseling position, that person needs more time.” – Administrator #11*

*“I think some of that [student credit recovery] could be helped by simply having people with more time.” – Administrator #11*

*“I try to spend time following up with students on truancy. I spend a lot of time*

*visiting families/knocking on doors/asking why their kids aren't in school.” – Administrator #9*

Time was also critical in administrator perceptions of how results from program, service, and approach measures and processes are used. The majority of administrators (50%) described using results from processes and/or measures to improve programs, services, and approaches “daily” or “constantly.” Administrators perceived programs, services, and approaches to be in a state of constant adjustment. Even administrators who answered results are used “monthly” or “annually” described using data (teacher perceptions of how often students are affected by trauma, teacher perceptions as to whether an initiative is working) to improve teaching and teaching efforts “weekly” or “on a daily basis.”

Time and resource allocation was also described in terms of standards and benchmarks. Ninety percent or more of administrators marked either “Not in Use, Open to Use” or “In use, Need Refinement” on the following categories: 1) standards established by international, federal, state, county, city, or school board regulations, 2) external evaluators/auditors, 3) internal benchmarks/comparisons established for performance, and 4) external benchmarks/comparisons established with peer schools. No administrators answered, “Yes, in use and satisfactory” regarding the use of standards established by international, federal, state, county, city, or school board regulations regarding their program, service, or approach.

### **Proactive v. Reactive Measures**

During interviews, administrators spoke to proactive versus reactive measures regarding programs, services, and approaches to address trauma-related outcomes. Data included administrator perception on three properties: 1) access to proactive measures, 2) response time, and 3) response quality.

### *Access to Proactive Measures*

Administrators described the need for access to proactive measures and support to implement proactive measures effectively. The number one proactive need administrators described was the need for access to hire guidance counselors and social workers (see “Perceived Barriers: Budget/funding”).

A sense of frustration surrounded the lack of support for proactive measures in existence. Connecting professionals to support after professional development sessions regarding programs to address trauma-specific outcomes was described as critical:

*“We just had... a doctor [in] to talk about this idea of zero suicide which is a program that he had started at his hospital. Great program, but what do we do next? Where's the next step in these things?” – Administrator #9*

Administrators described proactive programs, services, or approaches in-place. Proactive approaches and mindsets were compared to reactive approaches and mindsets to describe program effectiveness and student outcomes:

*“We’re trying to figure out how we can create some of that language/proactive work [from the Google survey] with students who have/are experiencing trauma at our schools with larger populations of students.” – Administrator #13*

*“We look at, on a pretty regular basis, we look at any kind of reports on our own discipline or on our own incidents with kids. We really rely heavily on what are we doing preventatively and what are we doing reactively and do we feel that's effective, as a group?” – Administrator #10*

*“[We need] a breakdown and erosion of archaic thoughts on how we interact with at-risk secondary youth. We can't pretend they're not having sex, we can't pretend that they're*

*not in volatile relationships. We can't pretend that they might not get pregnant because I see the next column is moving forward. If we don't take time to think forward and proactively, then we're always acting reactionary. And I see that so much in school settings, is reactionary thinking and not proactive thinking.” – Administrator #8*

### **Response Time**

Administrators described “immediate” or “instantaneous” response to student crisis as a critical, reactive approach:

*“The Native Advisor (advisor for all students) and I do a lot of crisis outreach for students. We provide services ASAP for kids who are in crisis - day of. My advisor and I do all the crisis outreach work.” – Administrator #7*

*“If there’s a need for counseling, we bring in someone ASAP.” – Administrator #8*

Lack of access to trained professionals was described as limiting the ability of programs and services to be proactive:

*“In our area, and across the UP, especially the smaller areas, part of the problem is the lack of child psychiatrists and psychologists. The availability is poor - parents will reach out for help, and it’s six months to a year to get that help.” – Administrator #6*

### **Response Quality**

Administrators described a lack of resources (trained professionals, training, programs, services, and approaches) to implement effective response quality. Administrators described the need for resources and support to increase response quality:

*“We have a high-need population, and we wish we could better support them. We have a lot in place, and we are doing a lot of good, but we would like to have more to support them.” – Administrator #2*

*“We know how to identify students with trauma, but we don’t have the next step. We need training. How do we teach kids we have identified as having experienced trauma?” – Administrator #3*

*“Additional resources to support our students in need would be nice to know, specifically related to self-inflicted types of trauma, like cutting. That’s probably one of the trauma-related outcomes that we see most. It doesn’t seem like there’s many resources available for that.” – Administrator #4*

*“What more can be brought in to schools? What else is out there for teachers/admin/workers when students come to them with trauma? Training; every student is different. We need more training on how to react/interact with students who have had/are experiencing trauma.” – Administrator #7*

*“Thoughts loop back to what I’ve already shared; our efforts right now are focused on learning; how to better understand our students/their needs; whether its family trauma, substance abuse - once we have that better understanding, then what do we do with that to better serve their needs?” – Administrator #9*

## **Institutional Shift**

During interviews, administrators spoke to the intuitional shift of schooling institutions. Data included administrator perception on three properties: 1) role of teacher, 2) role of school, and 3) whole child learning.

### ***Role of Teacher***

Administrator perceptions varied in describing the role of teachers in the schooling institution. Perceptions of teacher academic responsibilities to students butted up against perceptions of teacher social emotional responsibilities to students.

*“I consider all of my teacher social workers and counselors.” – Administrator #8*

*“The shift is occurring; from reading/writing/academics to the whole student.*

*Institutionally we were set up for one thing (academics) and we’re needing to shift to the whole student; academically, the local university program does a wonderful job at preparing students for content; how do we prepare teachers for the other areas? Is it our responsibility to do that?”*

– Administrator #9

*“Teachers are professionals who went to school to be a teacher; if they wanted to be counselors, they would have gone to school to be a counselor. These [trauma-informed schooling] PDs want to add more responsibilities to the teacher - the more responsibilities we add to the teachers, the more education we take away from the kids. Teachers spend time de-escalating - providing service for individual - other kids in the building/classroom at a disadvantage.” – Administrator #12*

### ***Role of School***

Administrator perception and interpretation of school mission arose in the data as a theme regarding the role of the schooling institution. Fifty percent of administrators answered, “No; the school mission statement is not inclusive of high school programs, services, and approaches to address trauma-related outcomes.” Fifty percent of administrators responded, “Yes,” or, “Yes, but could be improved.” Interpretation of the mission statement was described as critical in all descriptive responses.

Administrators raised the question of the duty of schools to provide educational content versus care for social emotional needs:

*“We are not a community mental health organization, so we can’t say that we anticipate the social-emotional (SEL) needs of our students; we have an educational focus,*

*and so we tailor plans specific to their needs. We anticipate the educational and individual needs/opportunities for students - then it would be more encompassing.” – Administrator #5*

*“The cost of replacing parents is high. We are trying to find ways to support this endeavor.” – Administrator #11*

Availability of expertise was also described as a consequence of the shift in the role of the schooling institution:

*“Sometimes that level of expertise is important... To some respects, when I say the expertise, again, that's not a poor reflection on our community or anything along those lines. It's actually that some of these things are changing so greatly, so quickly, that I just don't know that we have the experts out there at times, especially when you consider the impact of some of the social media and other things and how they relate to our students.” –*

Administrator #9

### ***Whole Child Learning***

Teaching the whole child (social, emotional, and academic) arose as a property regarding intuitional shift. An increasing focus and emphasis on student social-emotional needs as compared to academic need is described by administrators:

*“We keep data on certain things like school discipline and some of those type things, but for us, discipline has become such a small piece. We spend far more time dealing with social emotional concerns and other things along those lines. We're not strong in that.”*

Administrator #9

*“Our efforts right now have been about learning and trying to better understand our students, better understand their needs, better understand the overall issues that are out there right now that they're dealing with, whether it's substance abuse, whether it's family trauma,*

*whether it's any number of things. Then as we get a better understanding, how do we use that understanding to help our students and to be able to meet their needs? I think the shift that just continues to take place in education is we've really gone from a focus on reading, writing, and arithmetic, to a focus on our whole student, and by whole student it's a lot more than just what the traditional education system was set up for.” – Administrator #9*

*“Social-emotional learning - that’s our focus of our school. The wellbeing of our students.” – Administrator #6*

*“One of the things we’re implementing for next year is a mental health course - taking Health the first semester and Mental Health the second semester, or vice versa. We have tried to focus a little bit more on wellness.” – Administrator #7*

*“What do we want to achieve? Well, let's see. I think overall is the mental and physical wellness of our students. Without that, they can't learn. And so, I think a lot of people are just kind of rolling this all into one term, the whole child. So it's trying to hit those social and emotional needs, along with the academic needs.” – Administrator #13*

*“[Referring to one high school in district] They kind of shifted goals. As a school, we're always so focused on learning and academics and math and science and all that good stuff, which is extremely important, but they kind of shifted their approach and said, "All right, that's all great, but we're not going to get that if we're not meeting their personal needs." They have a lot going on to help students take care of their personal end of things. And once that's taken care of, the philosophy then is they'll be ready to learn. And so they're calling it Student First. Focus on the student, and their needs, and the learning will come.” – Administrator #13*

## Communication

During interviews, administrators spoke to communication regarding programs, services, and approaches to address trauma-related outcomes. Data included administrator perception on communication within three properties: 1) administration and teachers, 2) teachers and students, and 3) students and counselors and/or social workers.

### *Administration and Teachers*

Administrator perception of communication centered around three concepts: 1) trying to identify issues with policy/procedure, 2) trying to catch students in crisis, and 3) response time (“instantaneous,” “day of”). Communication improvement was described by an increase in communication:

*“The more we can communicate, the better – to understand the needs of the students and the pieces they’re dealing with.” – Administrator #9*

Multiple administrators described staff meetings as critical spaces for communication regarding the exchange of student information. Additionally, communication during staff meetings provided a data point for administrators and teachers to adjust and refine programs, services, and approaches to address trauma-related outcomes. “Knowing” students rose as a critical component of effective communication:

*“One of the big things we do, we have a staff meeting every Tuesday and we go through each student, name-by-name, and if we need to stop on one, a teacher will say, ‘Stop.’ And then at that point, we’ll talk about concerns we may have, excitements we may have, or what works with that student if said teacher doesn’t know. And then something I implemented probably, I don’t know, two or three years ago, it’s data quantifying. I have teachers log every time they make a call or reach out to family. So it’s a date, who they talked*

*to... there's notes on what the phone call's for and why, and then what the outcome was. So you can learn a lot by just looking at this, and then also hold people accountable as well.” – Administrator #8*

*“We also weekly meet as a building leadership team, so our social worker, psychologist, our special ed teacher, Title I staff, as well as me, the superintendent, we meet weekly on Wednesday morning for an hour to discuss any kids in the MTSS process, any kids with any increased needs, and what that may mean.” – Administrator #10*

*“We have bi-weekly staff meetings here and we'll talk about any student needs or any hot button topics.” – Administrator #10*

*“Staff meetings are our teacher learning community groups. We talk about students, their needs, and what's going on with them - if a student comes to me with an issue, my staff knows at 3 pm.” – Administrator #7*

### ***Teachers and Students***

Administrators perceived teachers as the first point of contact for student communication and relay of information. Quarterly, one-to-one student to teacher conferences were described as critical proactive resources for educators and students to communicate:

*“We do what we call student/teacher conferences, so every quarter we drop everything and kids rotate, and each kid gets one-on-one with each teacher... to talk about what's going on. [Teachers meet with one student at a time] but with deeper meaning that is about the individual and the self, while [teachers are] offering, ‘Here's some outreach.’” – Administrator #8*

Individually completed, confidential mental health analyses were described as a component of the time set aside for the one-to-one conferences and as a portfolio item for teachers and students to reference:

*“Then each teacher, when they're meeting with students, has an introspective assignment to do in the classroom, where they're doing some self-analysis and mental health analysis – ‘What do you want to do in the future, what are you going to check in on yourself? If you're in crisis, where do you know how to turn? Who do you have to turn to?’” –*

Administrator #8

*“A couple years ago, the state decided we had to have in their CA-60s what's called an EDP, an Educational Development Plan... So we developed a useful EDP for these kids, and at the end, after they go through each of these series of mental checks and mental health and well-being and future building and career building, then we compile an EDP and put it in their CA-60 from that information. And then each year, they add to it. And if I have a kid in crisis in here, we're questioning where they've been and where they're coming from, I can grab that, and it's a portfolio to lead conversation with us.” – Administrator #8*

### ***Students and Counselors and/or Social Workers***

Administrator perception of communication regarding students and counselors and/or social workers centered on the concepts of one-to-one meetings and a lack of funding to hire trained professionals to have conversations with students. Administrators also described the varying roles of guidance counselors. Roles included academic counseling and addressing mental health needs. Administrators described available social workers as working with specific student populations – in all cases where a specific student population was defined, administrators described social workers as

working strictly with students who have special education services. In all other cases, the student population able to access the social worker was not described.

Administrators also described contracting counselors through local counselor contracting services and available community organizations. School social workers were described as being contracted through ISDs and Dial Help services on an “on-demand” or part-time basis.

In one case, guidance counselors work to set measurable goals with students:

*“In terms of our guidance counselors they're going to keep track of students served. They're going to also keep track of how often they're meeting with those students. They try to in certain circumstances, depending on what the situation is with the student, put in some measurable goal type things and work towards those. However, that's not a consistent process. One that certain could be improved, but then again not everything necessarily works out that way either. It's not always something where you're going to put a measurable goal in place.” – Administrator #9*

## **Discussion**

An interpretation of results indicates the efforts of U.P. high school administrators to provide programs, services, and approaches to address trauma-related outcomes in students. Administrator descriptions of program assessment measures and the evaluation of program assessment measures indicate administrators’ interest in implementing assessment measures to evaluate the effectiveness of programs, services, and approaches to address trauma-related outcomes. Discussion on results generated three questions:

1. What are the responsibilities of schools to measure programs, services, and approaches to address trauma-related outcomes?
2. What are the responsibilities of schools to accommodate teaching for learning for

students who have experienced or are experiencing trauma-related outcomes?

3. How does access to resources affect schools' abilities to measure programs, services, and approaches related to trauma?

The responsibility of schools to use assessment measures to evaluate programs, services, and approaches can be considered using systems theory. Assessment measures to evaluate programs, services, and approaches are grounded in the systems theory approach in that assessment measures are relational; assessment measures, in relation to other multidimensional components (students, teachers, curriculum, etc.) of a schooling system, can help to inform a bigger picture to understanding the coordinated processes and functions of a schooling system. In this way, a school's responsibility to assess is relational.

Administrator descriptions of assessment measures to evaluate programs, services, and approaches to address trauma-related outcomes indicated the perception that schools share part of the responsibility to accommodate teaching for learning for students who are experiencing or have experienced trauma. Administrators, overall, described progress toward the integration and sustaining of trauma informed approaches in the school setting. Administrators described the outcomes of attendance, wellness, and GPA to measure the goals of programs, services, and approaches to address trauma-related outcomes at U.P. high schools. The outcomes of attendance, wellness, and GPA to measure program, service, and approach goals would indicate both a systems approach focused on relation and a trauma-informed approach focused on integration of trauma awareness to "create a culture that emphasizes the safety and wellbeing of both staff and students and [create] opportunities for students who are trauma survivors to rebuild a sense of control and empowerment and to thrive academically" (Governor Gretchen Whitmer et al., 2020).

Access to resources was a barrier described repeatedly by administrators in determining

further resources needed to improve assessment measures for programs, services, and approaches and to evaluate program, service, and approach effectiveness. Access to financial and other resources could be a barrier to schools effectively measuring programs, services, and approaches to address trauma-related outcomes.

Strengths identified by administrators included the assessment measure outcome of “knowing” students. “Knowing” seemed to be defined by the degree to which administrators and teachers were aware of the contexts, situations, and events students were experiencing in their lives and the degree of response administrators and teachers were able to enact. The development and facilitation of communication surrounding student needs with students, teachers, staff, and community partners is recognized as a potential assessment measure outcome of program, service, and approach effectiveness. Common methods of generating information included student assistance teams, faculty meetings, and community round table conversations.

Connection to external auditors and/or evaluative community partnerships is an area for assessment measure improvement. Administrator #13 describes partnerships with the local health organization and the Western Michigan Children’s Trauma Center. Connections to external partnerships can provide relevant and practical information regarding trauma-informed approaches in school contexts.

All administrators responded with an interest in using or the desire to improve the measures of standards and regulations, internal benchmarks, external benchmarks, service quality, and guidelines provided by professional associations. The opportunity exists for schools and/or ISDs to utilize benchmarks to continuously improve assessment measures to evaluate the effectiveness of program, service, and approach quality.

Perceived effective use of survey data appeared to be connected to the purpose of the survey, number of times the survey was administered, and nature of the survey items. Satisfaction with surveys was also connected to the timing of the feedback. Administrators identified an interest in improving the nature and use of surveys.

Schools can further benefit from a systems and trauma-informed approach in considering the interpretation of the mission statement. Fifty percent of administrators interpreted that the school mission statement was not inclusive of programs, services, and approaches to address trauma-related outcomes. One possible route for administrators to improve trauma-informed approaches is to re-visit the mission statement and consider how trauma awareness might be integrated into the language of the school mission.

### **Limitations**

A limitation of the study is that the attempts to reach administrators were made during the end of the 2018-2019 school year; overworked and overburdened administrators may not have had the time, energy, or resources to respond to or complete a request for a 30-minute interview. Administrators who did respond may not have had the time or energy to re-visit the survey after the survey was completed.

Participants in the current study represent 15% of high schools in the U.P.; a more complete data set is needed to represent a fuller picture of programs and services available in U.P. high schools to address trauma-related outcomes. The programs and services described represent a small portion of efforts currently in use at U.P. high schools.

Finally, the level of awareness, knowledge, and use of programs and services to address trauma could have affected participant response to the interview request. Sensitivity of the content,

the nature of the questioning, and a school's lack of resources to serve a student population could affect participant response.

### **Implications and Further Research**

Further research is needed to create a more complete set of data regarding available programs, services, and approaches to address trauma-related outcomes at U.P. high schools and explore assessment measures of programs, services, and approaches to address trauma-related outcomes at U.P. high schools. The following questions are proposed for further research:

- What programs, services, and approaches to address trauma in U.P. high schools are evidence-based?
- How are U.P. schools programs identifying students with trauma-related outcomes?
- What are student perspectives on the effectiveness of programs, services, and approaches related to trauma?
- How do the existing school programs and services work to get students to the community programs and services they need to address trauma-related outcomes?
- What is the availability of community programs and services to address-trauma-related outcomes in the U.P.?

### **CONCLUSION**

A systems approach to educational intuitions defines the educational intuition as relational (Bertalanffy, 1973; Boulding, 1956; Keenan, 2010; MacKay, 2012). In this regard, an educational institution cannot be considered simply as the sum of its parts; rather, each component of the educational institution informs the action and interaction of its other constituent components. A Systems Theory approach and definitions of trauma-informed approaches ask schools to holistically integrate trauma awareness into school policies, practices, and environments (Governor Gretchen

Whitmer et al., 2020). U.P. high schools have identified programs, services, and approaches to address trauma-related outcomes and are utilizing assessment measures of these programs, services, and approaches as part of their trauma-informed initiatives to care for students.

U.P. high schools can continue to utilize assessment measures to evaluate the effectiveness of programs, services, and approaches to address trauma-related outcomes. Kujawa and Frederick (2016) nod to earlier scholars and Systems Theory in recognizing the influence of assessment on culture and school responsibility: “Successful assessment is not just a collection of techniques tied to outcomes. Rather, it is a cultural issue that affects how the institution defines its responsibility to students.”

Utilizing and/or refining the assessment measures of external auditors and evaluative community partnerships, internal benchmarks, external benchmarks, and guidelines provided by professional associations and revisiting the school mission statement to include a trauma-informed approach are next steps schools can take to evaluate effectiveness of available programs, services, and approaches to address trauma-related outcomes and create caring school culture.

Future research includes an examination of available evidence based programs in U.P. high schools, the methods by which U.P. high schools are identifying students with trauma-related outcomes, and the efforts of U.P. high schools to facilitate student access to community trauma-related resources.

Additional next steps include utilizing this research to seek grants to fund trauma-informed initiatives at U.P. high schools so students will benefit from services appropriate to their needs. In addition, further research is needed understand to give voice to student perspectives regarding the efficacy of trauma-related programs, services, and approaches in use at U.P. high schools to meet student needs.

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APPENDIX A

Measures of Data Collection Inventory

VanEnkevort, J. (2019).

Adapted from Kujawa, T. A., & Frederick, L. (2016).

Availability and Measures of Upper Peninsula High School Programs and Services to Address  
Trauma-related Outcomes

**SCHOOL OF EDUCATION, LEADERSHIP, AND PUBLIC SERVICE  
NORTHERN MICHIGAN UNIVERSITY**

Name of Representative of High School Program or Service:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Principal: \_\_\_\_\_

School Name: \_\_\_\_\_

School District: \_\_\_\_\_

ISD: \_\_\_\_\_

**Part I: Programs and/or Services**

1. Do you have programs and services to address trauma-related outcomes for your student population at your high school? \_\_\_\_\_ If yes, what is/are the name(s) of the program(s) and service(s) available?
  - a. Programs:
  - b. Services:
  - c. Other:
  
2. Would you be interested in receiving a summary of this research project on the programs and services available to address trauma-related outcomes in student populations at Upper Peninsula high schools? \_\_\_\_\_

**Part II: Processes and/or Measures**

Has your program or service used any of the following processes and/or measures to track student services related to outcomes associated with childhood trauma (Anda et al., 2006)<sup>1</sup>? Indicate your response using the following choices:

- “A” Yes, in use and satisfactory;
- “B” Yes, in use, but needs refinement;
- “C” Not in use, but open to use;
- “D” Not in use and no interest to use;
- “E” Not applicable

1. \_\_\_ Processes and/or measures of volume of activity  
Examples: frequency counts: number students served; data from webpage hits, student email inquiries, wellness tests / inventories administered

Specify processes and/or measure(s):

2. \_\_\_ Measures of efficiency  
Examples: average turnaround time for filling requests, timely service; prompt response, number of counselors, possibly budget information / expenses

Specify processes and/or measure(s):

3. \_\_\_ Teacher / student survey data (possibly repeatable)  
Examples: student survey, alumni survey, employer survey

Specify processes and/or measure(s):

4. \_\_\_ Measures of service “quality”  
Examples: error rates, accuracy of information provided to teachers and/or students

Specify processes and/or measure(s):

5. \_\_\_ Other methods to obtain teacher / student feedback or understand unmet needs  
Examples: teacher learning community groups, comments via email, PD / other evaluation forms, suggestion box

Specify processes and/or measure(s):

6. \_\_\_ Review of existing data

Examples: school records, school reports, reports from other institutions, audits

Specify processes and/or measure(s):

7. \_\_\_ Standards/guidelines provided by professional associations  
Examples: MEA, NEA

Specify measure(s) and professional association(s):

8. \_\_\_ Standards established by international, federal, state, county, city, or school board regulations

Specify processes and/or measure(s) and regulatory agency:

9. \_\_\_ External evaluators / auditors

Specify processes and/or measure(s), agency, and frequency:

10. \_\_\_ Internal Benchmarks / comparisons established for performance

Specify processes and/or measure(s) and when conducted:

11. \_\_\_ External Benchmarks / comparisons established with peer schools

Specify processes and/or measure(s) and when conducted:

### **Part III. Looking Ahead**

1. Have you used results of any of processes and/or measure(s) listed in Part II to improve your programs and services?

Yes      No

2. If yes, when?      At end of the fiscal year      Annually      Quarterly      Monthly  
At time of service      Other

3. What resources (i.e., training, support, technology, etc.) does your school need to develop better program or service outcomes and improve program or service quality and effectiveness?

### **Part IV: Alignment Information from Program or Service Reports and Other Information**

1. Is your school mission statement inclusive of high school programs and services to address trauma-related outcomes?

Yes

Yes, but could be improved

No

2. What are goals currently in place for your program or service (e.g., wellness, learning, or understanding)? \_\_\_\_\_
3. What outcomes do you have to measure each goal? \_\_\_\_\_  
List the outcomes (GPA, Attendance, and Graduation).
4. List any additional comments, concerns, or ideas about your Program or Service you wish to share at this time.

**Thank you for all you do for your students!**

## References

<sup>1</sup>Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., ... Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174–186. <https://doi.org/10.1007/s00406-005-0624-4>

*Note: Trauma-related outcomes, as defined by Anda et al. (2006), are mental health disturbances, somatic disturbances, substance use and abuse, early intercourse, promiscuity, sexual dissatisfaction, impaired memory of childhood, high perceived stress, difficulty controlling anger, and perpetration of intimate partner violence.*

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## APPENDIX B

### Programs, services, and approaches to Address Trauma-Related Outcomes Currently In use at Upper Peninsula High Schools

*Note: The programs, services, and approaches listed represent administrator language from survey interviews. All identifying information has been removed.*

#### **Programs**

1. Building improvement goals and district goals include mental health care.
2. Partnership with Local Biking Club Organization
3. K-12 School Wide Positive Behavioral Interventions and Supports (PBIS)
4. School Wide Academic and Behavioral Supports/Tiered interventions
5. Michigan Model for Health
  - a. Teachers trained, provide these services directly to students
6. Special Education- two school psychologists, behavior support specialist, three social workers w/in the SE department. All have the means to work with students who have been impacted by trauma - specific to students with IEPs. Not gen. ed. Students; the referral process could lead them to these services if they qualify.
7. Health Class for high school students
8. Programs available with outside sources
  - a. Community Mental Health
  - b. Department of Health and Human Services
9. OK2SAY
10. Capturing Kids Hearts
11. Dial Help

- a. emergency response team through dial help
- b. Personnel provided one day/week
- c. For kids who may be experience MH issues, substance abuse issues, issues within the home
- d. They will send a person to work with a student f2f

12. Dial Help - Teen Outreach Program (TOP)

- a. Self-esteem building, relationship building, working through anxiety, working through problems in relationships - friends/high school romantic relationship/family
- b. SEL Skills

13. Trauma-informed initiative - local - just a year in

- a. Taking pieces that other schools are doing
- b. Trauma specialists
- c. Over two year period work to define the program as a whole
- d. Hope: After two years, we'll then have a program to roll out and share with other districts

14. Handle With Care: Partnership with local law enforcement. A statewide trauma informed response to child maltreatment and children's exposure to violence.

- a. Form officers have that they fill out fax/email to the school
- b. If they have a school age student involved in a traumatic incident/they contact the school/no details but school is informed that they have a student who experienced a traumatic event the day/night prior
- c. Proactive
- d. Social workers/counselors/trauma team responds

## Services

1. Local Health Clinic - funded through Local County Health Department
  - a. Will also see surrounding schools
  - b. Have PA/social worker/office worker/nurse
  - c. Operates all week and during summer
  - d. Can write prescriptions see students/etc
  - e. Bill insurance/but if no insurance, will write off
2. Two Guidance counselors
  - a. One works with testing/college bound information
  - b. Second counselor works entirely with the mental health needs of their students
  - c. 5 days/week availability
3. Wellness Team/Wellness Meetings - teachers/school nurse/community members/board members
  - a. Wellness Meetings/4 times/school year
  - b. Offer activities for kids to be involved in to improve kids MI health
  - c. Started a biking club with local biking organization
  - d. Started a running club with Health Clinic
  - e. once/week
  - f. Girl's running club
4. Advance PE classes - bring in outside resources
5. Dial Help
  - a. Small Groups

- b. Crisis Services/Life Skills
  - c. Individual Counseling
- 6. Student Assistance Teams (SATs)
- 7. Social work interventionist - on site
  - a. Does initial counseling as needed
- 8. School social worker - once/week
  - a. Contracted through ISD
  - b. Work primarily with SE
- 9. Health teacher covers some of the topics
- 10. Local Regional Health Department
  - a. Botvin Life Skills
- 11. Currently, with the 31(n) grant money given to schools, the ISD hired a Multitiered Support (MTSS) specialist (a clinical social worker to work with students in gen ed- Tier 1 and Tier 2 services- to assess, evaluate and coordinate services those those students struggling with social, emotional and behavior needs- it is likely some of these students may have trauma-related needs)
  - a. To assist students in the general education population.
  - b. assess/evaluate/direct service/referral
  - c. Long background/exp with individuals who have experienced trauma
  - d. Newly launched program
- 12. School social worker - mainly works with SE population
- 13. School therapist who comes in three times/week
  - a. Individually contracted

14. Strong relationship with City Public Safety
  - a. Students in the court system/students taken into the hospital
  - b. Will start Handle with Care next Fall
15. Regional County Trauma Team - organization in Regional County
  - a. Provide PD for teachers and kids
16. I consider all of my teacher social workers and counselors. I definitely lack a guidance counselor. Social work intern coming next year.
17. District social worker
18. District psychologist
19. Access to counselors at neighboring high school - kids lean on their teachers
20. Community, staff, ISD, Pathways support
21. Three counselors
22. Michigan Model for Health curriculum
  - a. Not necessarily trauma specific programs; more ancillary
23. Support Groups - counselors meet with specific students
  - a. Some support groups deal with students who have had/do have drug/alcohol abuse in the family
  - b. Different support groups meet different needs/needs of students/needs of building as a whole
24. School Social Worker that services the ISD as well as a School Psychologist
  - a. Both @ the school 1 day/week
25. Trio
  - a. Self-esteem building/leadership building

- b. Run by a person who works in our juvenile courts system
  - c. Anyone can be a part of the group; school wide/community projects
  - d. Goal; enhance mood/atmosphere of the school
26. North Coast Counseling - counselor
- a. Individual contractor - provides services for kids who qualify for UPHP
  - b. At the school every Wednesday, sometimes 2x/week
27. ISD School Social Worker
- a. On-demand basis/request for services
28. Two social workers in district
- a. Trauma team
29. Guidance counselors @ high school
30. Partnership with Dial Help/school social work services
31. Partnership with local mental health counselor
32. Two therapy dogs/1 dog district wide/1 dog dedicated to Alt HS
33. School nurse district wide

**Highlighted gray** – defined services as “indirect programs; not specifically for trauma-related outcomes”

**“Other” (defined as approaches)**

- 1. In-services for staff, but we don’t have enough.
- 2. This august - presentations from Local County Health Department - how to identify students with trauma

3. Relaxation techniques led by guidance counselor - per individual as needed
4. K-12 Sensory Room
5. Superintendent of the ISD is interested in bringing trauma-informed approaches to the schools; this is one of his focuses in his position.
6. Round Table Conversations with Community Partners
  - a. Local Public Safety, Community Mental Health (CMH), Juvenile Court, Probation Officers
7. U of M TRAILS, TRA, IOS- build community involvement
8. Great Lakes Recovery
9. Pathways
10. Juvenile Courts - probation, truancy courts - the idea that a probation officer isn't just a cop who wants to arrest them. The officer is my buddy, is my kids' buddy.
11. Teacher Learning Community Groups
12. Teacher Call Logs
13. Student-Teacher Conferences
14. Student Advisories
15. Family Meetings
16. Student form to share concerns with staff/admin
17. Saint A's training
  - a. Trauma-informed care - for staff
  - b. Working to have certified trainers
18. Food Pantry
19. Shower Facility

## 20. Google Doc on Stress Levels

- a. Everyday they start out their day and report out their stress levels
- b. Pyramid scale/1-10
- c. 6: teacher needs to reach out
- d. 9: need to speak with principal
- e. 4/5: talk with a friend
- f. Comment sections in google form
- g. Trying to create a common language
- h. Students and teachers do this every day/start and end
- i. Teachers/admin can go on the doc and review
- j. Teaching coping mechanisms for stress
- k. Does this create more empathy with students? Is the question being pursued.
- l. Trying to figure out a way to assess empathy.

## 21. Professional development specifically addressing trauma

## APPENDIX C

### IRB Approval Letter

#### Memorandum

**TO:** Jaime VanEnkevort  
School of Education, Leadership, and Public Service

**CC:** Judy Puncochar  
School of Education, Leadership, and Public Service

**DATE:** February 28, 2019

**FROM:** Lisa Schade Eckert, Ph.D.  
Interim Dean of Graduate Education and Research

**SUBJECT:** **IRB Proposal HS19-1016**  
**IRB Approval Dates: 2/28/19 – 2/27/20**  
Proposed Project Dates: 2/28/19 – 2/14/20  
“Availability of High School Programs and Services to Address Trauma-related Outcomes in the Upper Peninsula of Michigan”

Your proposal “Availability of High School Programs and Services to Address Trauma-related Outcomes in the Upper Peninsula of Michigan” has been approved by the NMU Institutional Review Board. Include your proposal number (HS19-1016) on all research materials and on any correspondence regarding this project.

- A. If a subject suffers an injury during research, or if there is an incident of non-compliance with IRB policies and procedures, you must take immediate action to assist the subject and notify the IRB chair ([dereande@nmu.edu](mailto:dereande@nmu.edu)) and NMU’s IRB administrator ([leckert@nmu.edu](mailto:leckert@nmu.edu)) within 48 hours. Additionally, you must complete an Unanticipated Problem or Adverse Event Form for Research Involving Human Subjects
- B. Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and the research participant.
- C. If you find that modifications of methods or procedures are necessary, you must submit a Project Modification Form for Research Involving Human Subjects before collecting data.
- D. If you complete your project within 12 months from the date of your approval notification, you must submit a Project Completion Form for Research Involving Human Subjects. If you do not complete your project within 12 months from the date of your approval notification, you must submit a Project Renewal Form for Research Involving Human Subjects. You may apply for a one-year project renewal up to four times. Failure to submit a Project Completion Form or Project Renewal Form within 12 months from the date of your approval notification will result in a suspension of Human Subjects Research privileges for all investigators listed on the application until the form is submitted and approved.

All forms can be found at the NMU Grants and Research website: <http://www.nmu.edu/grantsandresearch/node/102>