Student Support System - *Program and Intervention Design*

The district ensures, through well-aligned district programming, appropriate staffing, and community partnerships, students' psychological well-being and provides support for teachers' psychological well-being.

PRACTICE 3

<table>
<tr>
<td rowspan="2">PREPARATION</td>
<td>GETTING AWARE</td>
<td>The district engages in a review of information about programs and supports for student and staff mental wellness, including SEL, trauma, and poverty effects on learning and related topics. The district inventories policies, practices, and staff support for student mental wellness.</td>
</tr>
<tr>
<td>GETTING READY</td>
<td>The district identifies and uses surveys and/or screening tools regarding trauma and mental wellness for students. The district engages in a needs assessment focused on student and adult mental wellness. The district identifies relevant staff positions to support this practice and may choose to establish an advisory or action team to support this topic throughout the district.</td>
</tr>
<tr>
<td rowspan="3">PROGRESS INDICATORS</td>
<td>GETTING STARTED</td>
<td>The district has counselors and other staff with specialized training in mental health to provide basic or extended support to students with mental health issues. The district works with families and medical providers to refer students with specialized needs for supplemental support. The district provides resources and identifies organizations to support staff mental health.</td>
</tr>
<tr>
<td>GETTING BETTER</td>
<td>The district utilizes formative and psychological assessment instruments to identify students with specialized mental health needs. The district works with students, families, and community partners to provide intervention supports for students. The district has specialized personnel (e.g., social workers, school nurse, etc.) who communicate and coordinate information with partner organizations providing specialized assistance. The district has a referral program to support staff mental health.</td>
</tr>
<tr>
<td>KEEP IMPROVING</td>
<td>The district has a variety of specialized staff, as well as training of all staff, for identifying and reporting mental health concerns using identified formative assessment practices. The district has protocols for evaluating these concerns based on a tiered system of assessment and support. Specialized staff, who provide a continuum of care based on student needs, include social workers who can provide student and family support and communication as well as coordinators who work with community mental health organizations. The district has a referral program to support staff mental health.</td>
</tr>
</table>

SSS - Program and Intervention Design: Practice 3

RESEARCH REFERENCES FOR THIS PRACTICE:

Annor, F. B., Clayton, H. B., Gilbert, L. K., Ivey-Stephenson, A. Z., Irving, S. M., David-Ferdon, C., & Kann, L. K. (2018). Sexual orientation discordance and nonfatal suicidal behaviors in US high school students. *American journal of preventive medicine*, *54*(4), 530-538.

Bernat DH, Oakes JM, Pettingell SL, Resnick M.(2012). Risk and protective factors for youth violence: results from the National Longitudinal Study of Adolescent Health. *American Journal of Preventive Medicine, 43(2)*, S57-S66.

Clayton, H.B., Lowry, R., August, E., & Jones, S.E. (2016). Nonmedical use of prescription drugs and sexual risk behaviors. *Pediatrics.137(1)*.

Copeland, W.E., Wolke, D., Angold, A., & Costello, E.J. (2013). Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. *JAMA psychiatry, 70(4)*, 419-426.

Daily, C.E. (2007). *Understanding the brain: The birth of a learning science,* Centre for Educational Research and Innovation.

Draucker, C.B., Mazurczyk, J. (2013). Relationships between childhood sexual abuse and substance use and sexual risk behaviors during adolescence: An integrative review. *Nursing Outlook, 61(5)*, 291-310.

Eisen, M., Pallitto, C., Bradner, C., & Bolshun, N. (2000), *Teen risk-taking: Promising prevention programs and approaches.*

Elke, J. (2020). *Creating trauma sensitive classroom in the early childhood setting*. Dissertations,Theses, and Projects. 248.

Ellickson, P.L., McCaffrey, D.F., & Klein, D.J. (2009). Long-term effects of drug prevention on risky sexual behavior among young adults. *Journal of Adolescent Health. 45(2)*:111-117.

Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: A meta-analysis. *Pediatrics. 132(4)*, 720-729.

Han, H., & Johnson, S. D. (2012). Relationship between students' emotional intelligence, social bond, and interactions in online learning. *Journal of Educational Technology & Society, 15(1)*, 78-89.

Holt ,.M.K., Matjasko, J.L., Espelage, D., Reid, G., & Koenig, B. (2013). Sexual risk taking and bullying among adolescents. *Pediatrics*, e1481-e1487.

Kyle, A.D., Woodruff, T.J., & Axelrad, D.A. (2006). Integrated assessment of environment and health: America's children and the environment. *Environmental Health Perspectives,114(3)*, 447-452.

Marzano, R. J. (2017). *The new art and science of teaching*. Solution Tree Press.

Waldrop, A.E., Hanson, R.F., Resnick, H.S., Kilpatrick, D.G., Naugle, A.E., & Saunders, B.E. (2007). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. *Journal of Traumatic Stress, 20(5),* 869-879.

Zaza, S., Kann, L., & Barrios, L. C. (2016). Lesbian, gay, and bisexual adolescents: Population estimate and prevalence of health behaviors. *JAMA, 316(22)*,2355-2356.