



WELCOME to the

*All in this Together ECHO:
Mental Health & Well-Being for Students, Families,
and Each Other*

This Project ECHO series is/was supported by the Health Resources and Services Administrations (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$4 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Series Learning Objectives

- Increase recognition of the impact of psycho-social dynamics on families, including mental health and substance use
- Discuss tools and resources to help schools work together with families
- Identify tools around self-care and burnout

Schedule

- [Session 1: April 30, 2024 - Maintaining wellness in the midst of systemic distress](#)
- [Session 2: May 7, 2024 – Trauma informed care/psychological safety for students and families](#)
- [Session 3: May 14, 2024 – Trauma informed care/psychological safety for staff](#)
- [Session 4: May 21, 2024 – Practical approaches to mental health and substance use in schools](#)
- [Session 5: May 28, 2024 – Tools/strategies to engage families](#)



WELLNESS AMID SYSTEM DISTRESS

Sarah J. Roane, Ph.D.

Clinical Lead, Employee Behavioral Health

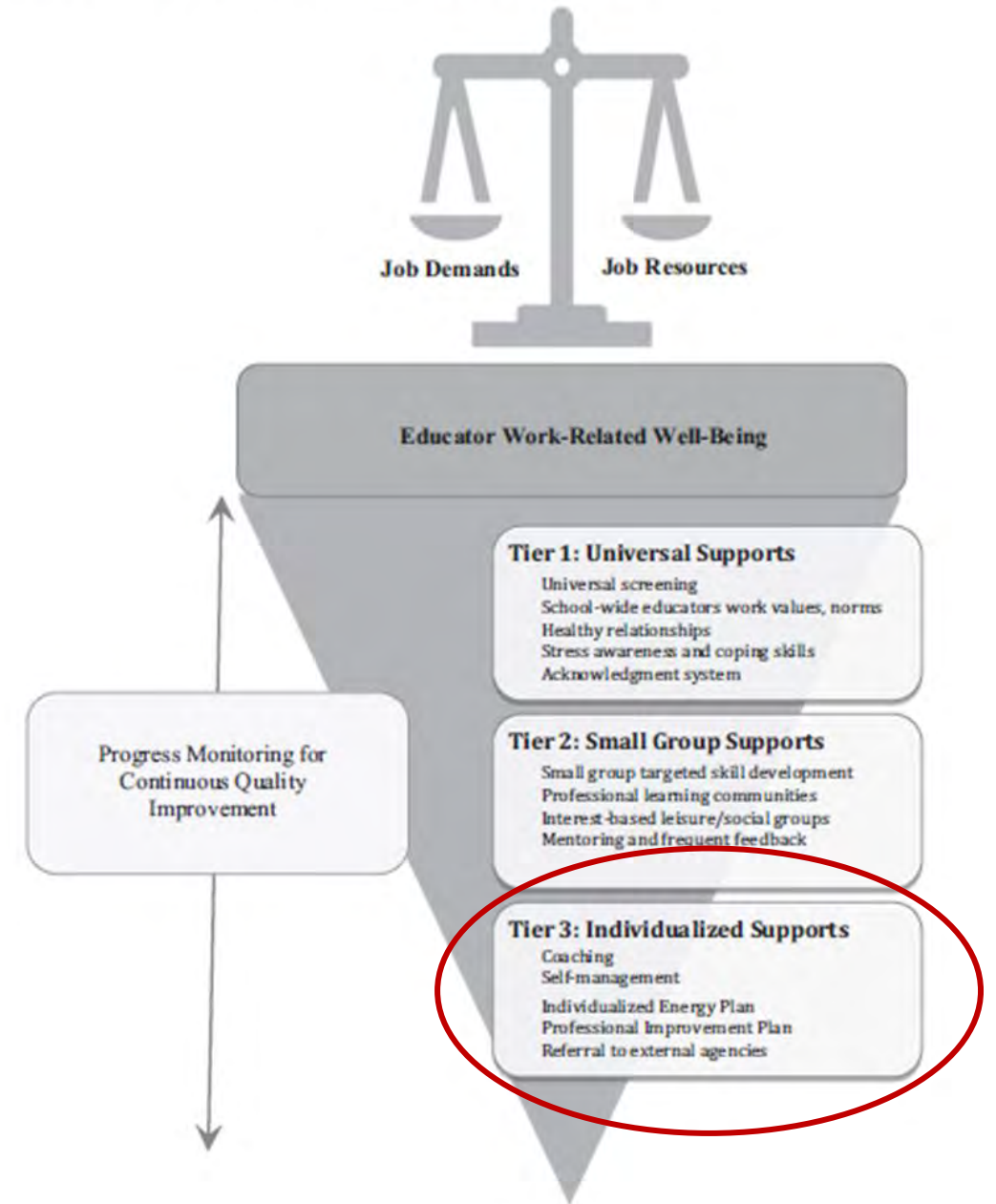
Dartmouth Health

System-level distress & multi-tiered approaches

- “Educators are leaving the profession at alarming rates, resulting in critical and ongoing shortages, due in large part to high stress levels, high job demands, and under-resourced schools.”
- Individual self-care is necessary, yet insufficient.
- Systems need contextualized, school-wide, and multitiered approaches to understanding and promoting educator work-related well-being.

State, T. M., Ouellette, R. R., Zaheer, I., & Zahn, M. R. (2023). Healthy educators need healthy schools: Supporting educator work-related well-being through multitiered systems of support. *School Psychology*. <https://doi.org/10.1037/spq0000567>

Figure 1
Framework for Addressing Educator Work-Related Well-Being



Individual supports & strategies

Individualized services and supports provided in supportive and confidential one-to-one mentoring and coaching relationships

Tier 3 examples

- Use coaches as needed to guide and support educators who need to further strengthen their instructional and behavioral management strategies
 - Encourage the use of self-management strategies such as self-monitoring, goal setting, goal evaluation, self-reinforcement
 - Individualized Energy Plan (Kelly-Vance, 2019)
 - Self-Directed Stress Management Plan (Ansley et al., 2016; Blinder et al., 2018)
 - Professional Improvement Plan developed to optimize strengths and problem-solve barriers
-

READY	REACTING	INJURED	CRITICAL
Sense Of Mission	Sleep Loss	Sleep Issues	Insomnia
Spiritually & Emotionally Healthy	Change In Attitude	Emotional Numbness	Hopelessness
Physically Healthy	Criticism	Burnout	Anxiety & Panic
Emotionally Available	Avoidance	Nightmares	Depression
Healthy Sleep	Loss Of Interest	Disengaged	Intrusive Thoughts
Gratitude	Distance From Others	Exhausted	Feeling Lost Or Out Of Control
Vitality	Short Fuse	Physical Symptoms	Blame
Room For Complexity	Cutting Corners	Feeling Trapped	Hiding Out
	Loss Of Creativity	Relationships Suffering	Broken Relationships
	Lack Of Motivation	Isolation	Thoughts Of Suicide
	Fatigue		

Stress Response Cycle

- Research tells us that bodies undergo physiological changes in response to perceived stressors:

- Alarm
- Resistance
- Exhaustion

Your body is adapted to experience stress as a natural cycle just like all our other cycles—breathing, circulation, digestion, etc. Just like those other cycles, problems happen if the stress cycle is interrupted. That's why stress is not the enemy. Getting stuck is the enemy.



How to complete the Stress Response Cycle

Find what works! Each individual will have their own unique needs and preferences. Also, you may find that different strategies work better on different days.

Move

- Physical activity tells your brain you have survived the treat and your body is safe.
- It is the most efficient strategy for completing the Stress Response Cycle!

Breathe

- Deep, slow breaths downregulate the stress response.
- Most effective when your stress isn't at its highest or you need to reduce some stress to get through a tough situation.

Feel

- Laughing and/or crying provide an emotional outlet, and allow your body to let go of stress.
- Connect with a friend who makes you laugh, watch or read your favorite sad book or movie.

Connect

- Even casual friendly social interaction tells our brain the world is safe.
- A mindful kiss (6 seconds) or hug (20 seconds) allow our systems to downshift. So does time with your pet!

Create

- Being creative allows and can encourage big emotion, giving us the chance to move through those emotions.
- Any creative expression that you enjoy will help you complete the cycle.

Stressors you can control: strategies

Stressor	Plan
Still thinking about school when I get home from work.	-Create a ritual that you complete every day when leaving school (e.g., listening to a gardening podcast while you drive home).
Regularly asked to take on things that are outside job scope.	-Create a plan for responding to requests. For example, you might say “I will think about what you are asking and get back to you.” This allows you time to prepare yourself to say no or give a yes, conditional on other things being removed from your responsibilities.

Planful problem-solving: analyze the problem, make a plan based on your analysis, execute the plan

- Choose items you can control from list of stressors
- Make note of the steps required and what resources are needed
- Recognize you will still experience stress when executing plan, change takes time

Solutions to implement that are backed by research

- Mentorship (protective for both mentee and mentor)
- Setting boundaries

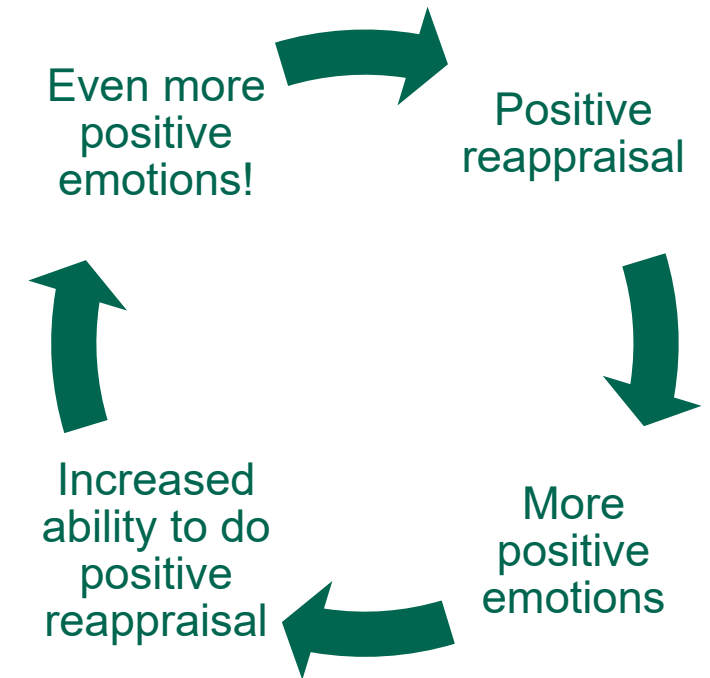
Stressors you cannot control: strategies

Positive reappraisal

“...recognizing that the challenge you are facing is worth it. It means acknowledging that the effort, discomfort, frustration, unanticipated obstacles, and even repeated failures have value—not just because they are steps toward a worthwhile goal, but because you reframe difficulties are opportunities for growth and learning. Just identifying the worthiness of your difficulty is enough to change...”

Example

Every day I have to manage a classroom with kids who are engaging in unsafe behaviors including arguing and disrupting me. This is frustrating and draining. At the same time I have learned to recognize trauma and I am learning trauma-informed strategies that I think will make a difference in these kids lives.



Stressors you cannot control: strategies

Redefining success

Reflecting on your original goals and what are the barriers to accomplishing those goals, then brainstorming at least 20 options for new and attainable definitions of winning.

Example

Original goal: Help my students meet the math standards.

Brainstorm for new goals/successes:

- get through the year without quitting
- Enjoy my lunch hour at least 3 days per week
- Connect with one kid
- Be at work on time every day



Resources

Assessment:

[Self-Assessment | WellMD & WellPhD | Stanford Medicine:](#)

Evaluating Your Well-Being

- Professional Fulfillment
- Burnout
- Self-Valuation / Self-Compassion
- Sleep-related impairment
- Impact of Work on Personal Relationships

Book:

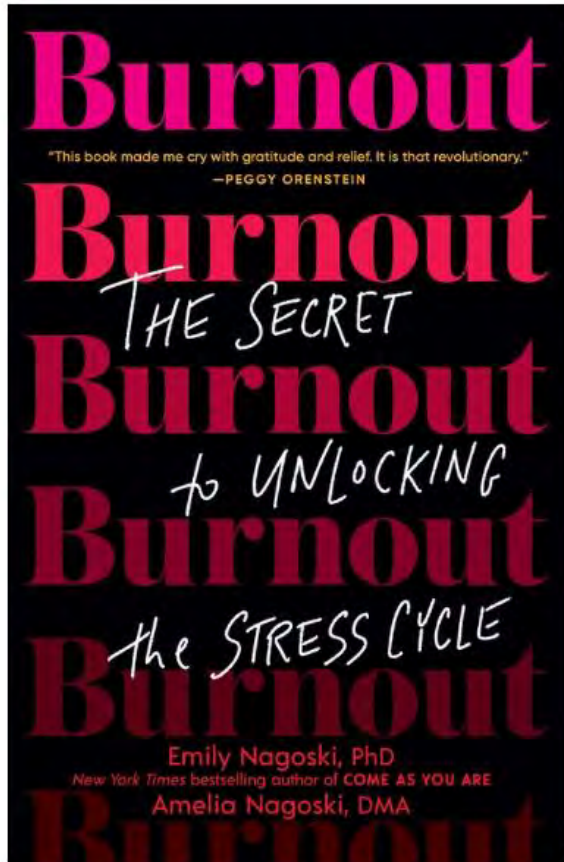
[Burnout by Emily Nagoski, PhD, Amelia Nagoski, DMA: 9781984818324 | PenguinRandomHouse.com: Books](#)

Podcast:

[Why we're burned out and what to do about it, with Christina Maslach, PhD \(apa.org\)](#)

App:

[Mindfulness Coach | VA Mobile](#)





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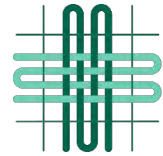
*All in this Together ECHO:
Mental Health & Well-Being for Students, Families,
and Each Other*

*Session 2, Trauma informed care/psychological safety for students & families,
May 7, 2024*



Trauma informed care/psychological safety for students and families

*Caroline Christie, LICSW ,CSS
Upper Valley Wellness*

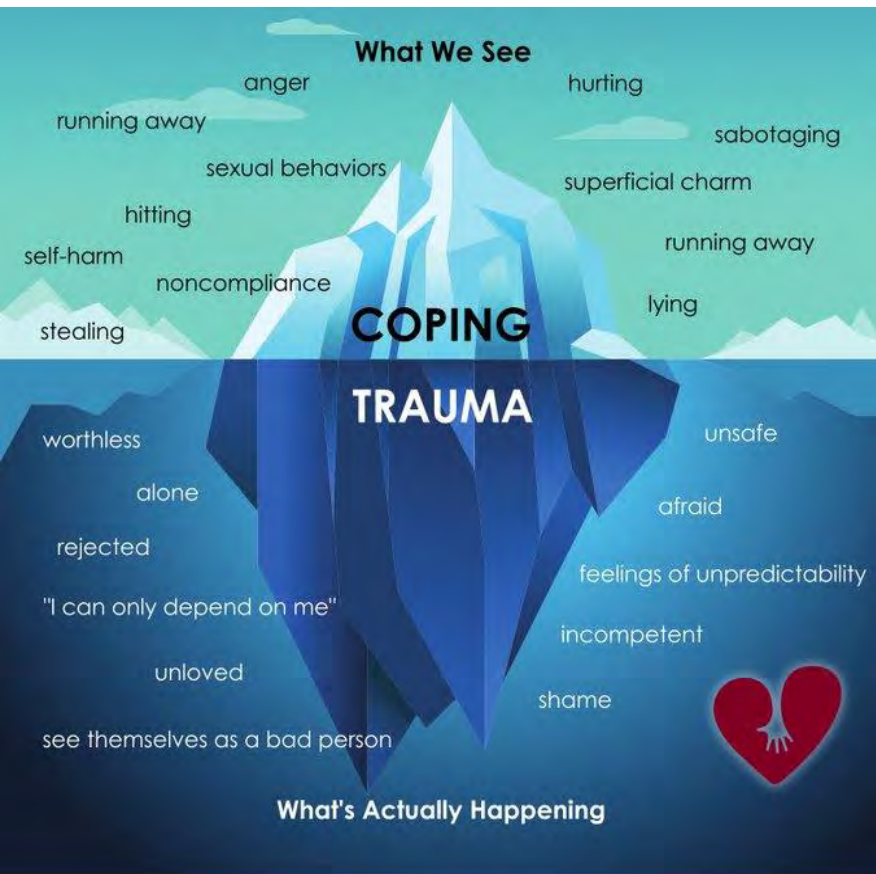


Dartmouth
Health



All Behavior is Communication

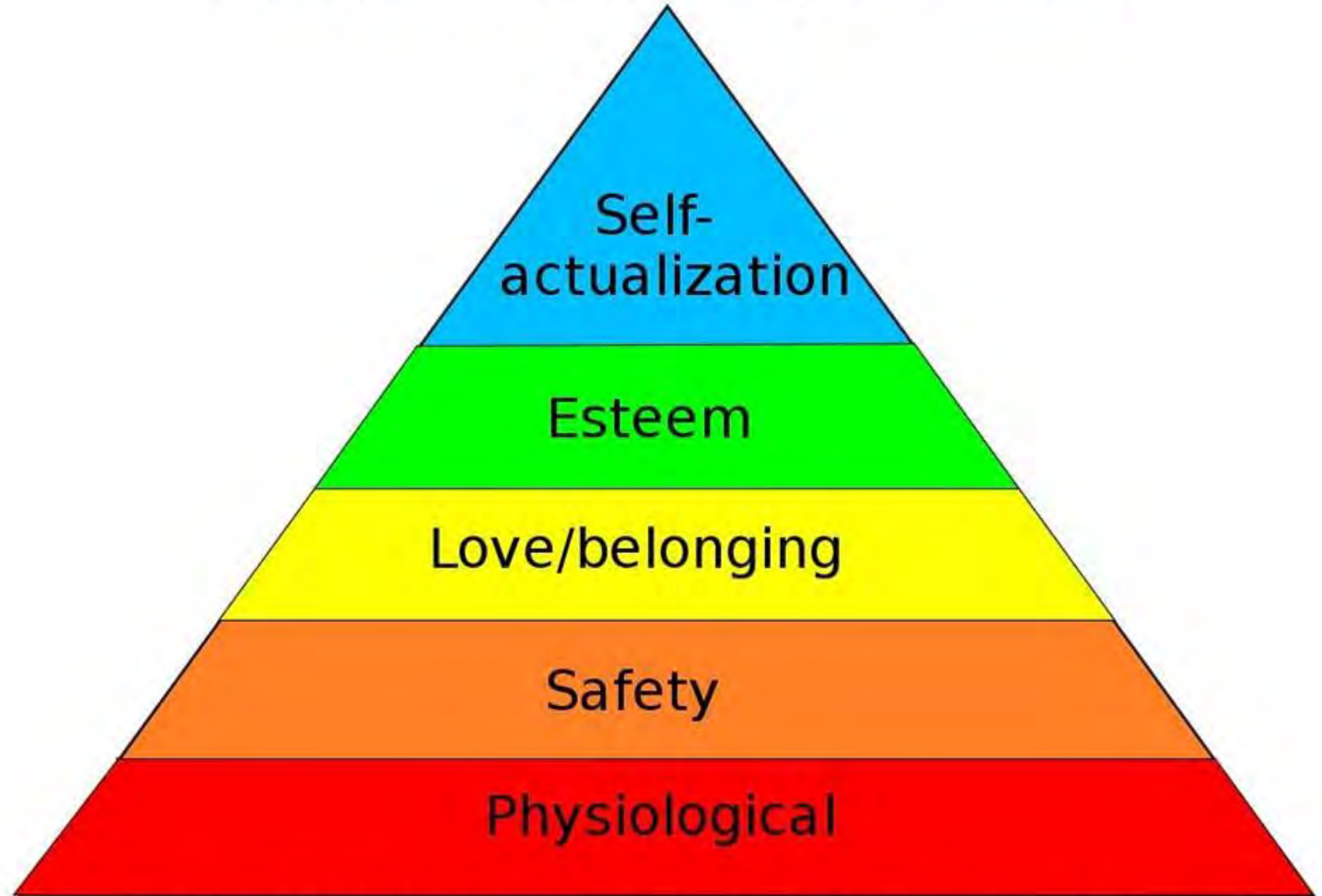
All Behavior is a human beings best attempt at meeting their needs in the best way they know how, with the tools that they have



Maslow's hierarchy of needs

Wired with instructions

When our needs aren't met, we are hardwired to get those needs met before we do anything else.



https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs

Trauma in the classroom

- *Start with an understanding of who you want to be in your role
- *Use your values as a guide in your response to challenging behaviors

[Values Cards Exercise | think2perform](#)

Outside My Control

Activity

Draw a circle on a piece of paper

Think about the things that are troubling you, thoughts, situations, fears.

On the inside of the circle put everything that is within your control

On the outside put everything that is not within your control



Playing the Long Game

Once a child or parent has lost access to their planning brain, it's very difficult to get them back.

Playing the long game will give you time back in the end.

Set the stage to meet the needs and avoid the need seeking behaviors



Setting Expectations

Establishing norms in classrooms and with families

Expectations that are clear and consistent provide safety

Expectations and Boundaries are kind

Include families in norm setting both in how you work together and in the classroom

Connection and Joy: The Power of Silly

Positive connection is prevention and will get you time back in the classroom

Build connecting opportunities

Provide opportunities for Joy

Demonstrating positive regard for a child is the foundation for connection building with families

Communicating with families in a strength based way builds connection

Get comfortable with feelings....and name it
Teaching emotional intelligence so you can teach content

Much of the challenging behaviors we see are a result of distress
intolerance and the inability to name feelings.

- Teach the brain
- Teach the body
- Validate the emotion
- Name it to tame it before the lid is flipped
- Welcome all feelings
- Teach the temporary nature of feelings
- Model feeling language
- Make time for self-reflection

Regulation through Esteem Building

Create partnerships within everyday moments

- Use everyday tasks to create authentic roles for your learners
- Start curious
- Take time in team meetings to assess who is connected and identify strengths
- Use behavior data to determine unmet need
- Advocate for skill building vs avoidance in behavior plans, 504's, and IEP's

Movement and the Brain

- The Brain is the same as it ever was
- Movement is critical to cognitive performance, memory, and mood
- Kids are not moving as much as needed
- Exercise releases those feel good hormones that help a chaotic brain calm

Working with Resistant Families

- The pyramid is the same
- Begin with the shared goal-the student being the best student they can be
- Name challenges (be clear, ambiguity is confusing)
- Define your role (which is to educate your class)
- Establish a win win scenario
- Work together on a plan to get to the win/win scenario
- Decide together what the team will do if challenges persist

Resources

Activity:

Values Sort Activity Online

[Values Cards Exercise | think2perform](#)

Dan Siegel on Youtube

[How to comfort an upset child - Dr. Dan Siegel \(youtube.com\)](#)

[Dr Daniel Siegel presenting a Hand Model of the Brain - YouTube](#)

Books

[The Happiness Trap: How to Stop Struggling and Start Living: A Guide to ACT: Harris, Russ, Hayes PhD, Steven C.: 8580001061962: Amazon.com: Books](#)

[Amazon.com: Spark: The Revolutionary New Science of Exercise and the Brain \(Audible Audio Edition\): John J. Ratey MD, Eric Hagerman - contributor, Allan Robertson, Little, Brown Spark: Books](#)



WELCOME to the

*All in this Together ECHO:
Mental Health & Well-Being for Students, Families,
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*Session 3, Trauma informed care/psychological safety for staff,
May 14, 2024*



All in this Together ECHO:
MENTAL HEALTH & WELL-BEING
FOR STUDENTS, FAMILIES, AND
EACH OTHER

Session 3: Trauma-Informed Care/Psychological Safety for Staff

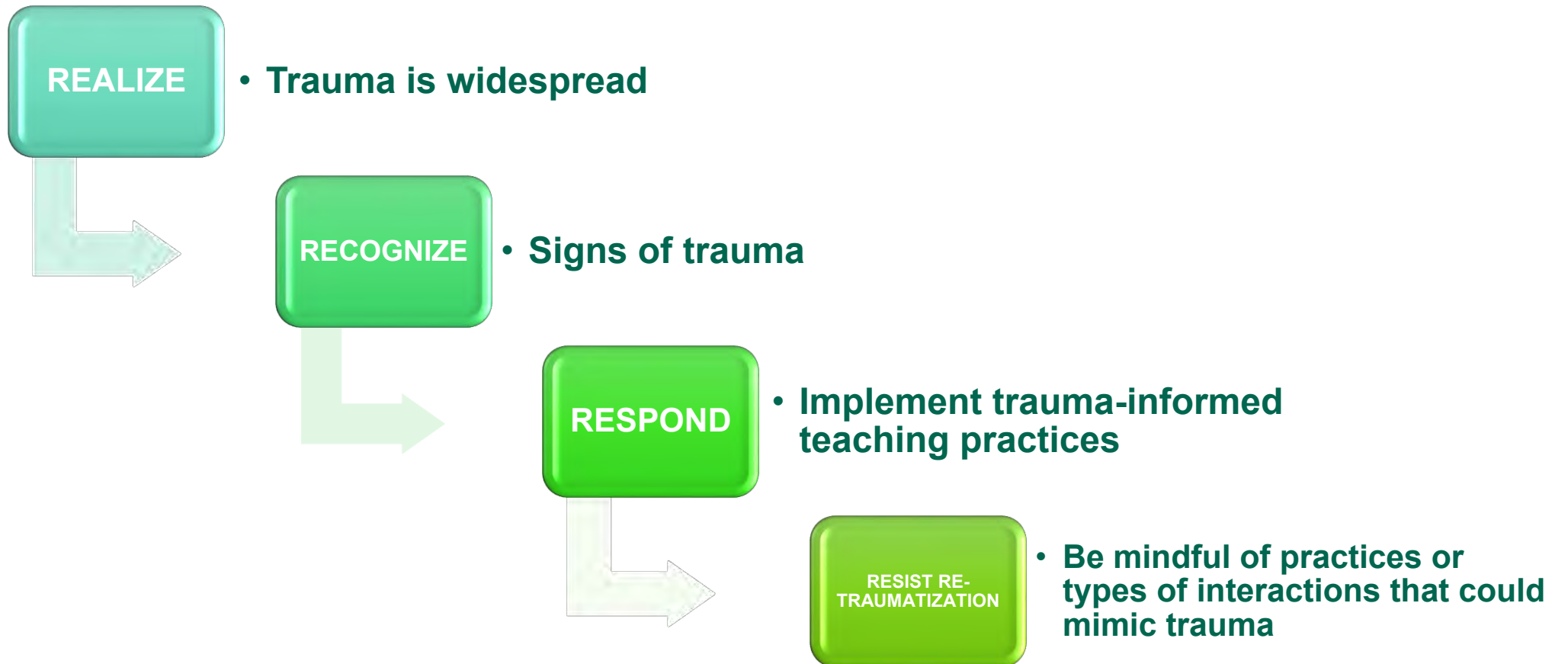
Lauren E. Szkodny, Ph.D.

Licensed Psychologist

Department of Psychiatry

Dartmouth-Hitchcock Medical Center

Understanding the Impact of Trauma – Working to Build Trauma Informed & Responsive Schools



Importance of Implementing Trauma-Informed Practices in Schools

**Recognizing &
Addressing
Student Needs**

**Creating Safe &
Supportive
Environments**

**Improving
Academic
Outcomes**

**Reducing
Discipline
Disparities**

**Supporting
Staff Well-Being
& Psychological
Safety**

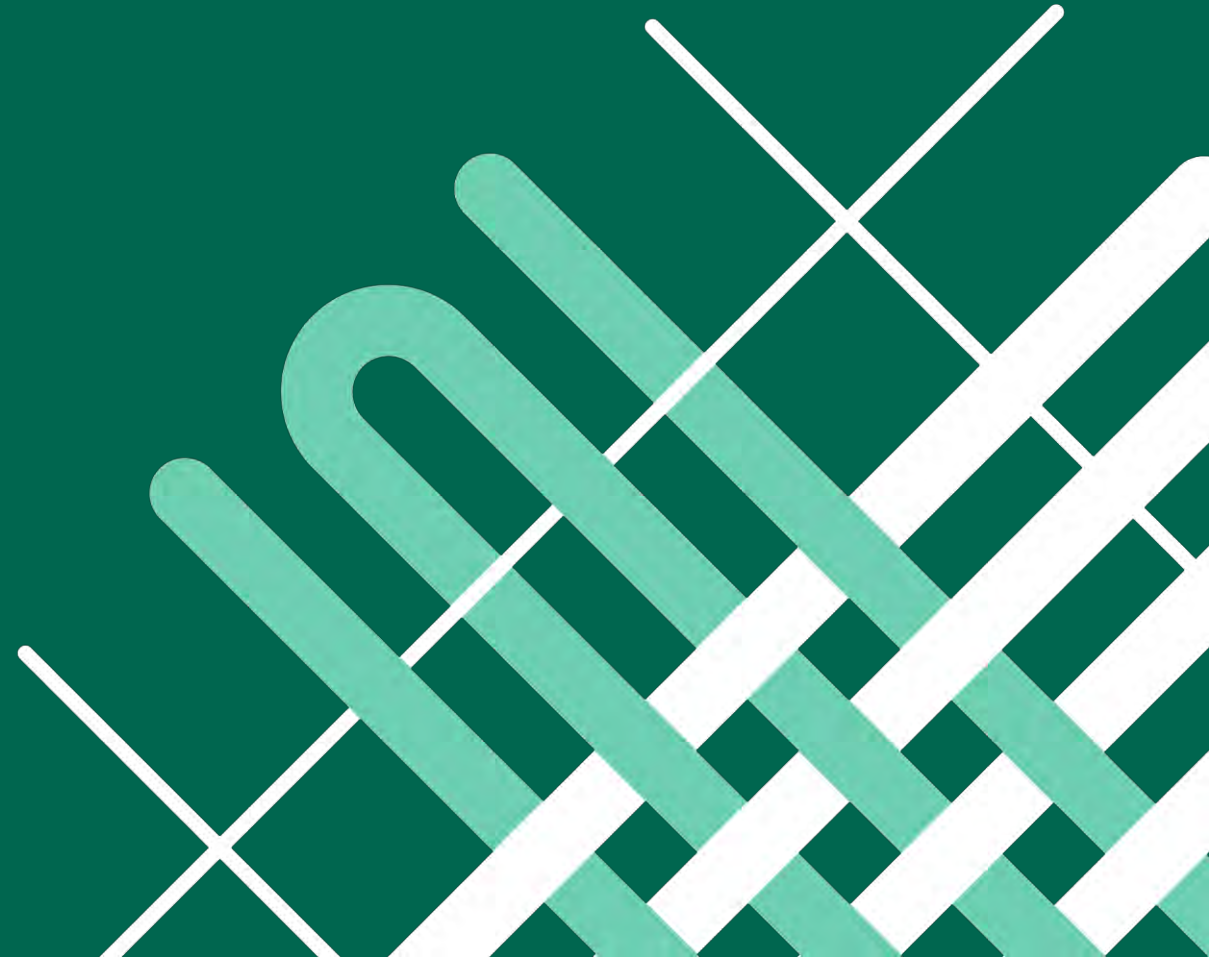
**Building
Resilience &
Coping Skills**

**Promoting
Equity & Social
Justice**

**Creating a
Culture of
Learning &
Growth**

Realizing

The widespread impact of trauma and understanding
potential paths for recovery



Types of Trauma

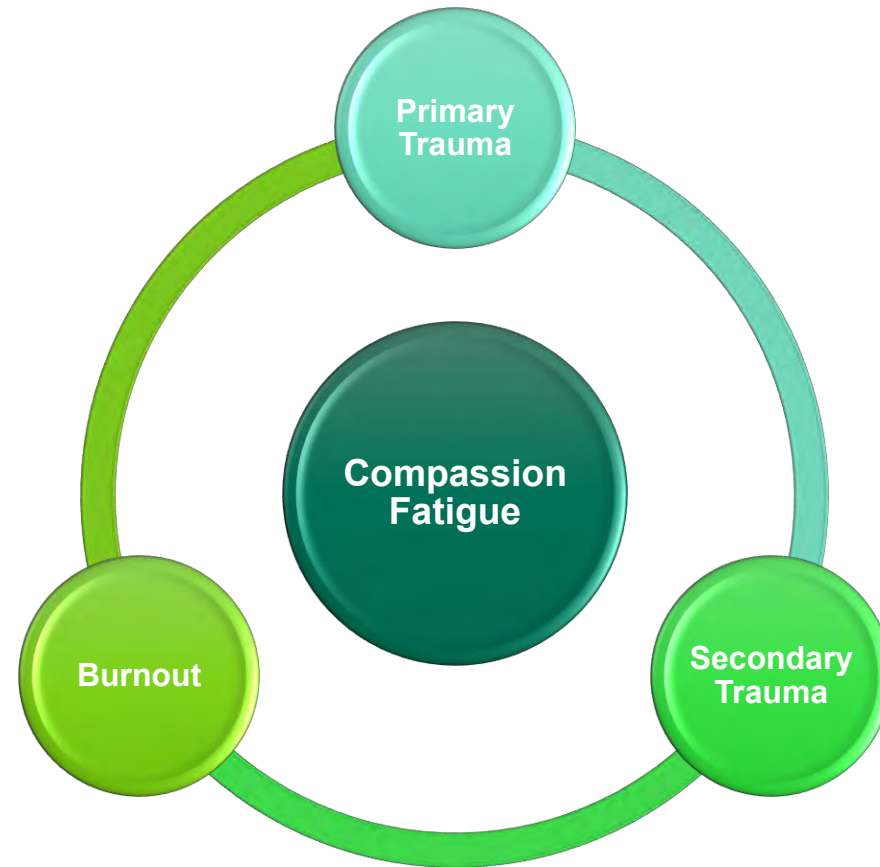
Acute Trauma	Chronic Trauma	Complex Trauma	Neglect	Medical Trauma	Historical & Structural Trauma
▪Single traumatic event that is limited in time ▪Experience a variety of feelings, thoughts, and physical reactions that are frightening AND normal	▪Experience of multiple/varied traumatic events (e.g., being exposed to violence and then being in a serious car accident, or ongoing abuse/neglect) ▪The effects of chronic trauma are often <i>cumulative</i> (enhancing emotional vulnerability)	▪Involves both the exposure to chronic trauma and the impact of such exposure on the person ▪People who have experienced complex trauma have endured multiple interpersonal trauma events from a young age ▪Has profound effects on nearly every aspect of development and functioning	▪Failure to provide for a child's, vulnerable person's basic needs ▪Perceived as trauma by child or person who is completely dependent on adults for care ▪Opens the door to other traumatic events ▪May interfere with a person's ability to recover from trauma	▪Due to medical procedure, diagnosis, or treatment ▪Caused by pain, fear, loss of control, or sense of violation ▪Can also be the result of medical errors, misdiagnoses, or challenges in care	▪Racism ▪Homophobia ▪Transphobia ▪Xenophobia ▪Ageism ▪Sexism ▪Fatphobia

When students are traumatized, educators are too...

“My empathy felt drained...”

“I didn’t know what was wrong with me...”

“I was trained to discuss academics or career paths...There is a social and emotional component to this work, but I’m not a mental health professional. So I was not prepared for this.”



“The problem is you don’t see it in yourself, and it’s sometimes hard to be reflective and be able to identify what’s going on...It happens a little at a time so that it sneaks up on you.”

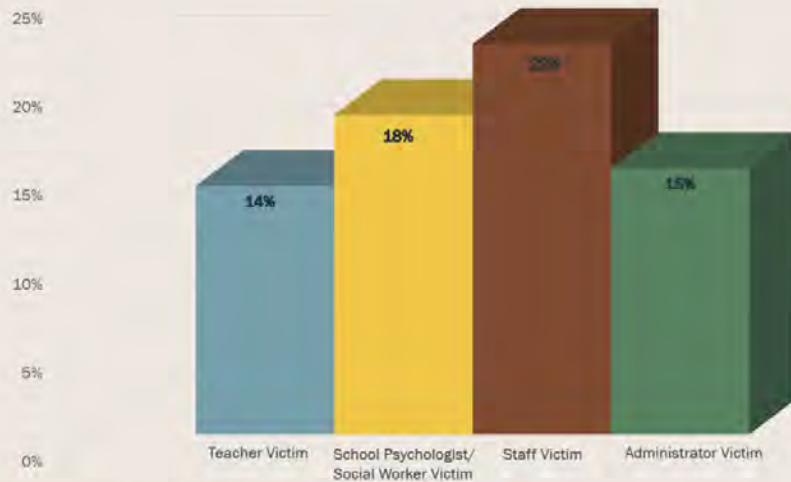
“The focus is always going to be on students...You can’t leave educators out of the conversation about mental health. We’re letting everyone know, we can’t take care of your kids unless we take care of ourselves, and we need help doing that.”

Donna Christy, President, Prince George’s County Educators’ Association

[‘My Empathy Felt Drained’: Educators Struggle With Compassion Fatigue | NEA](#)



Physical Victimization by Students*

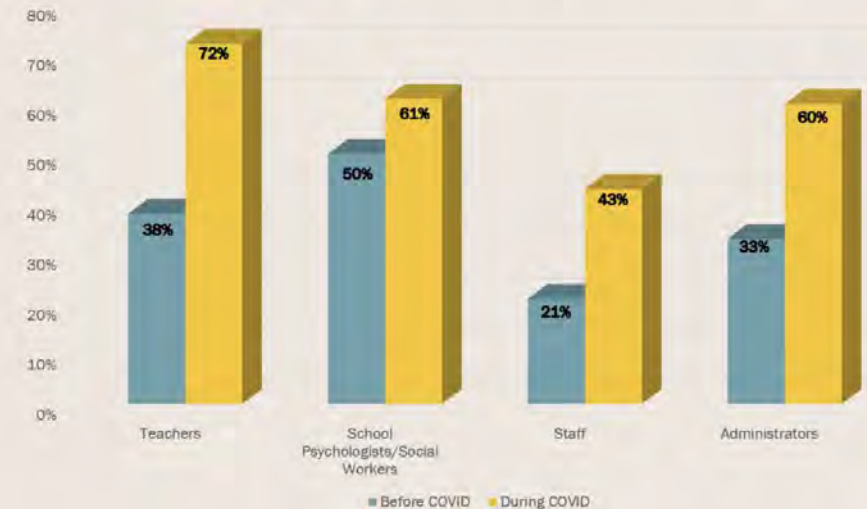


*Includes objects thrown, weapon use, sexual assault, and physical attacks



AMERICAN PSYCHOLOGICAL ASSOCIATION

"I find my work stressful"



% Frequently or Almost Always



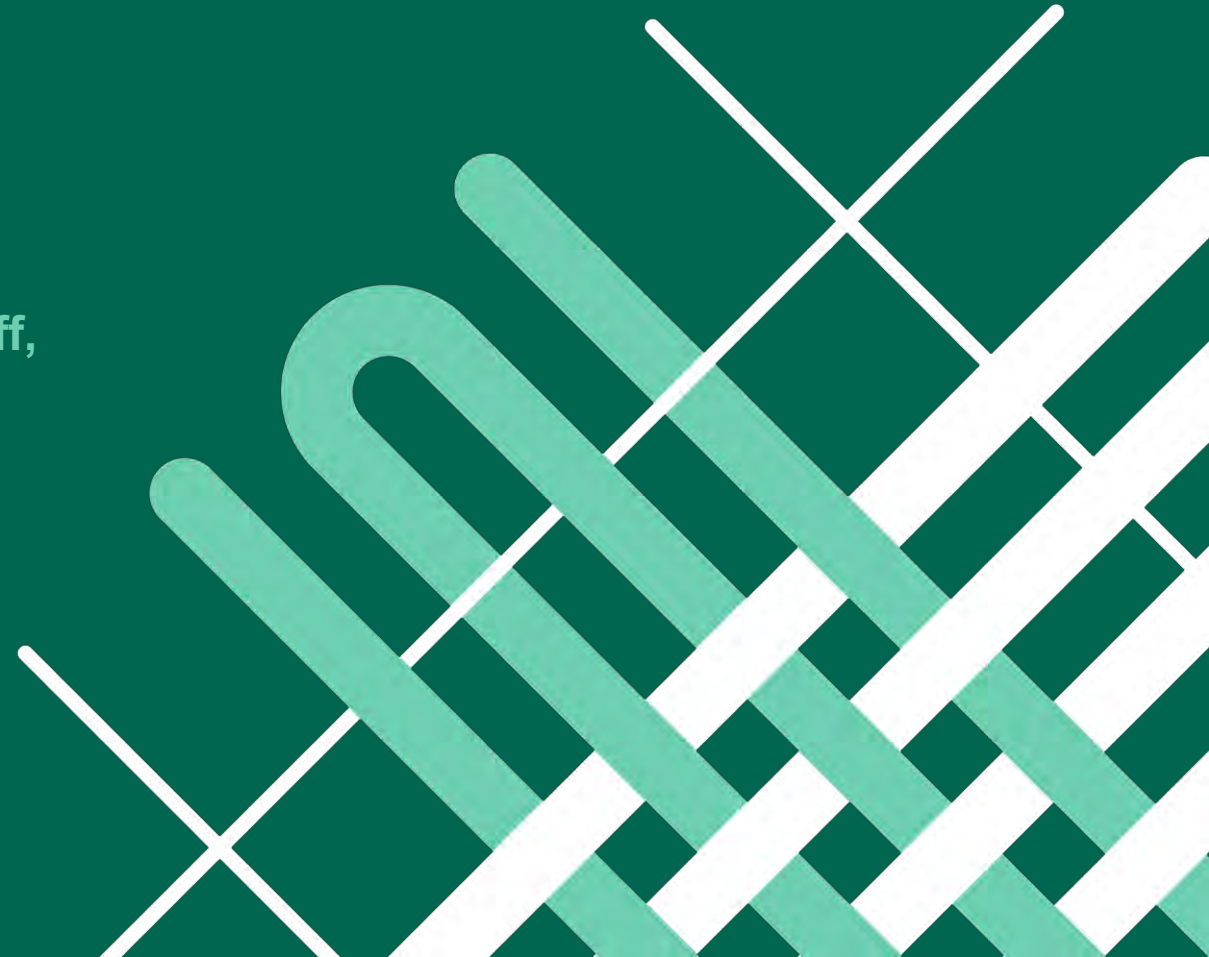
AMERICAN PSYCHOLOGICAL ASSOCIATION

[Violence Against Educators and School Personnel: Crisis During COVID \(apa.org\)](https://www.apa.org)

[Violence, Threats Against Teachers, School Staff Could Hasten Exodus from Profession | NEA](https://www.nea.org)

Recognizing

The signs and symptoms of trauma in educators, staff,
and others within the education system



Domains Impacted by Trauma



How Trauma Might Present in a School Setting

SIGNS OF PRIMARY TRAUMA

- Emotional distress (e.g., anxiety, sadness, anger, helplessness) or changes in behavior (e.g., increased irritability/mood swings)
- Physical symptoms (e.g., headaches, fatigue, GI issues, sleep disturbance)
- Avoidance behaviors (e.g., situations, topics, or students that remind them of traumatic events)
- Hyperarousal (e.g., feeling on edge, easily startled)
- Difficulty concentrating
- Increased/decreased sensitivity (e.g., more/less reactive to stressors)
- Cynicism or hopelessness (e.g., about ability to make a difference or effect positive change in their students)
- Personalization of trauma (e.g., internalization of trauma experienced by students, self-blame)

SIGNS OF SECONDARY TRAUMA

- Vicarious trauma symptoms (e.g., intrusive thoughts, nightmares, emotional numbing)
- Compassion fatigue (e.g., emotional detachment)
- Increased stress and burnout
- Reduced empathy (e.g., due to emotional disconnection/numbing)
- Negative/ineffective coping strategies (e.g., social withdrawal, substance use, overeating)
- Boundary issues (e.g., overidentification with students' experiences, challenges maintaining professional boundaries)
- Decreased job satisfaction (e.g., disillusioned or disheartened about their work) or diminished performance
- Impaired relationships (e.g., strained relationships with colleagues, friends, family; difficulty communicating/connecting with others)

Aspects of Educational Practice that Can Be Traumatizing

**Inflexible
Discipline
Policies**

**Public Criticism
or Humiliation**

**Lack of
Sensitivity to
Triggers**

**Power
Dynamics in the
Classroom**

**Unsolicited
Touch or
Invasion of
Personal Space**

**Pressure to
Perform or
Achieve**

**Disregard for
Individual
Needs**

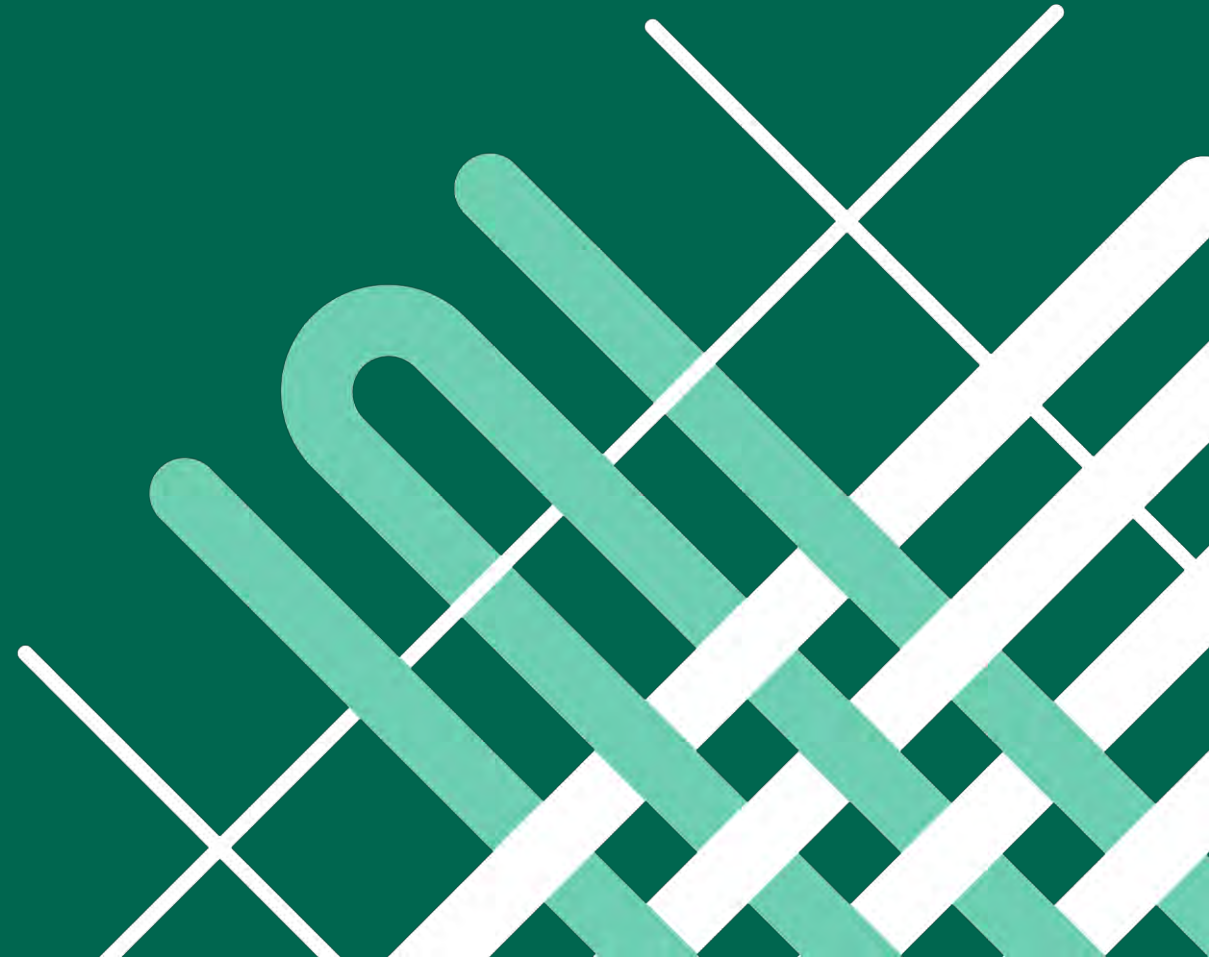
**Lack of
Psychological
or Emotional
Safety**

**Exclusion or
Marginalization**

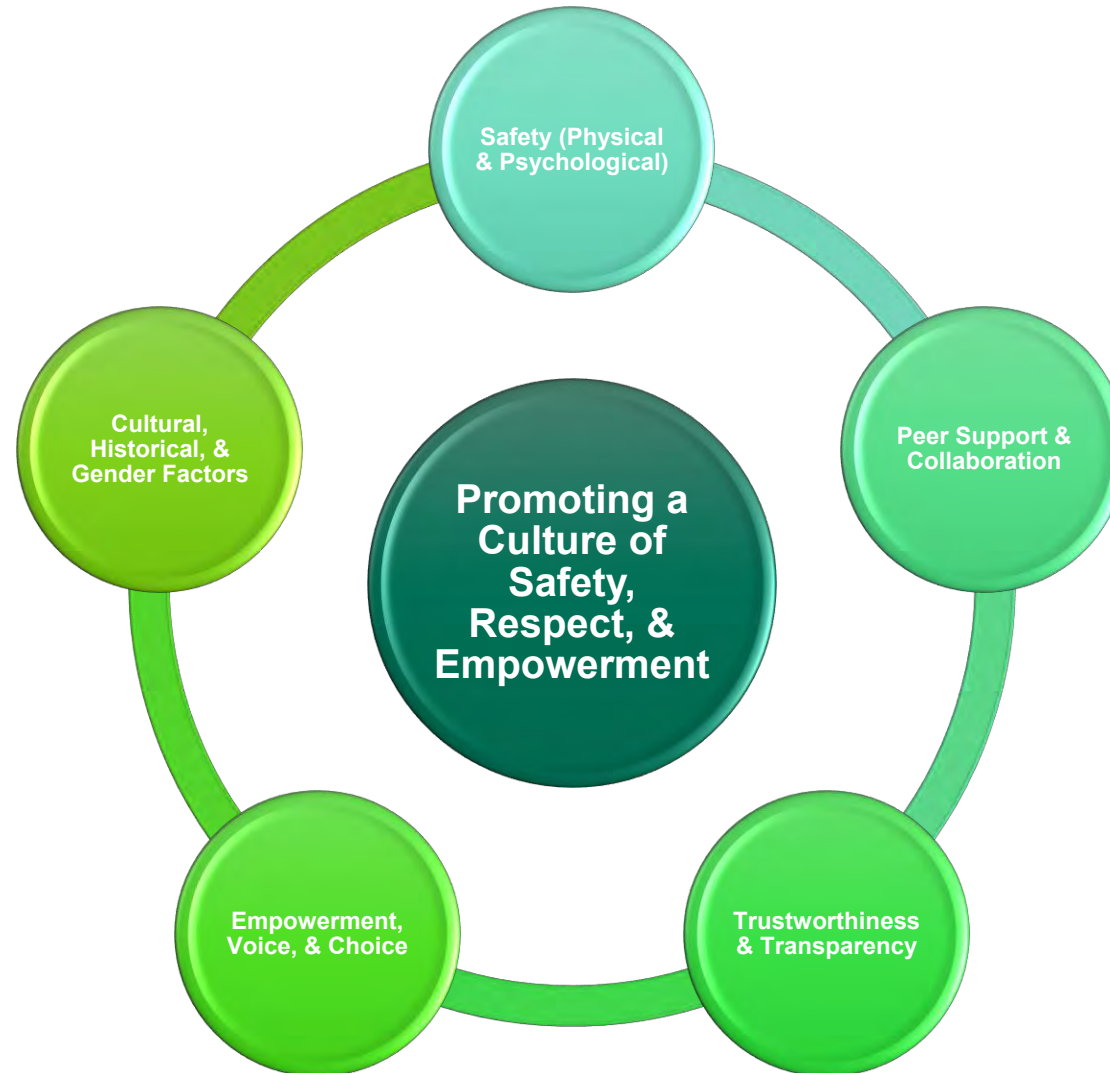
**Failure to
Address Past
Trauma**

Responding

By fully integrating knowledge about trauma into policies, procedures, practices, and settings

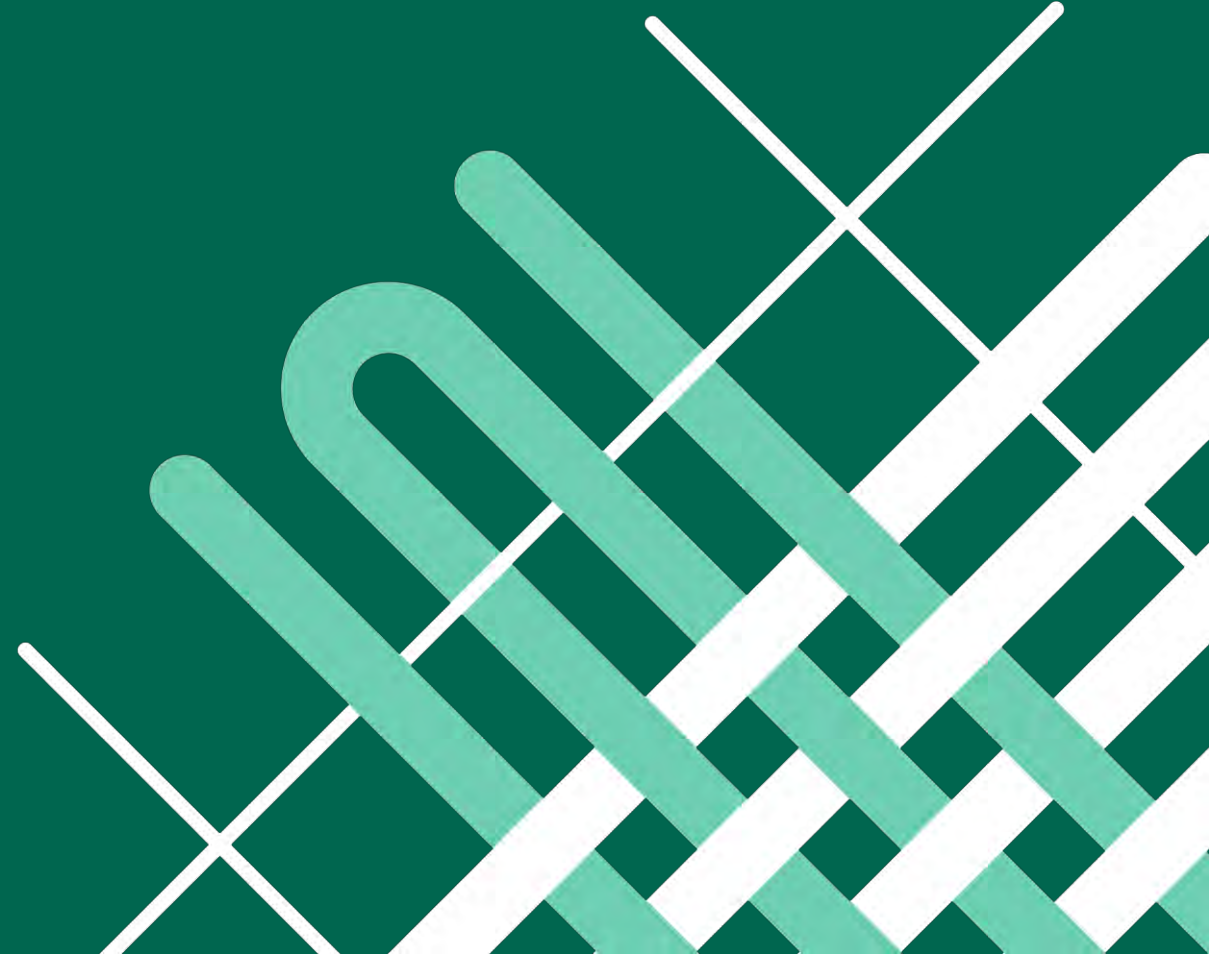


Building Trauma Informed & Responsive Schools



Promoting the Psychological Safety of Educators & Staff

Individual and Systems-Level Responses/Change



How Educators & Staff can Support their Psychological Safety

Increasing
awareness &
understanding of
one's emotional
responses

Setting Boundaries

Seeking Social
Support

Practicing
Mindfulness & Self-
Compassion

Setting Realistic
Expectations

Developing Coping
Strategies

Engaging in
Professional
Development

Practicing
Reflective Teaching

Advocating for
Support

How School Leadership & Administration Can Support Educator and Staff Psychological Safety

Fostering a
Culture of
Respect &
Trust

Promoting
Work-Life
Balance

Providing
Professional
Development

Offering
Resources &
Support

Identifying &
Addressing
Workplace
Stressors

Encouraging
Feedback &
Input

Recognizing &
Celebrating
Achievements

Providing
Leadership
Development

Establishing
Clear Policies
& Procedures

Lead by
Example



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*All in this Together ECHO:
Mental Health & Well-Being for Students, Families,
and Each Other*

*Session 4, Practical approaches to mental health and substance use in
schools, May 21, 2024*



Practical Approaches to Mental Health and Substance Use in Schools

Lucy Pilcher, MSW, LICSW

Dartmouth Health Addiction Treatment Program

Increase knowledge of child and adolescent mental health and substance use.

Identify the difference between substance use, misuse and disorders

Develop knowledge of protective factors

Gain tools and strategies for working with young people with MH or SUD diagnoses.

Develop knowledge of substance use in family systems

Mental Health

Most common:
Depression
Anxiety
ADHD

1 in 5 children aged
3-17 have a
diagnosed MH
condition

19% of
adolescents 12-
17 seriously
considered
suicide

Least Common:
Personality
Disorders
Schizoaffective
Bipolar disorders

Increased risk for
misusing
substances

38% of youth
surveyed
reported feeling
down,
depressed or
hopeless

We all have mental health, we all have physical health.



Typical and often appropriate fluctuations in mood.
Some distress, some worry, some sadness can be normal and does not need to be pathologized.

Meet diagnostic criteria for mental health diagnoses such as depression, anxiety, PTSD, ADHD, ODD



Opportunity to increase distress tolerance skills

Substance Use

Substance Use

Most common-

- Alcohol #1
- Marijuana
- Nicotine/Vaping

Less Common-

- Opioids
- Cocaine
- Benzodiazepines

Nicotine: 12% of eight graders, 21% of 10th grade and 28% 12th grade

Cannabis 8% eight grade, 19.5% 10th grade and 31% of 12th grade

Alcohol use before age 15 associated with being 3.5 times more likely to develop AUD

Substance use increased 61% in eighth graders between 2016-2020

Age of first substance use is one of the biggest predictors of developing an SUD later in life

Rural population more likely to engage in substance use and associated high risk behaviors like driving while under the influence, binge drinking.

The Why?

Teenagers may try substances for a number of reasons:

Peer pressure

Curiosity

Desire to be perceived positively

Family or friends use

Testing Boundaries

Desire to engage in risky behaviors

Misinformation

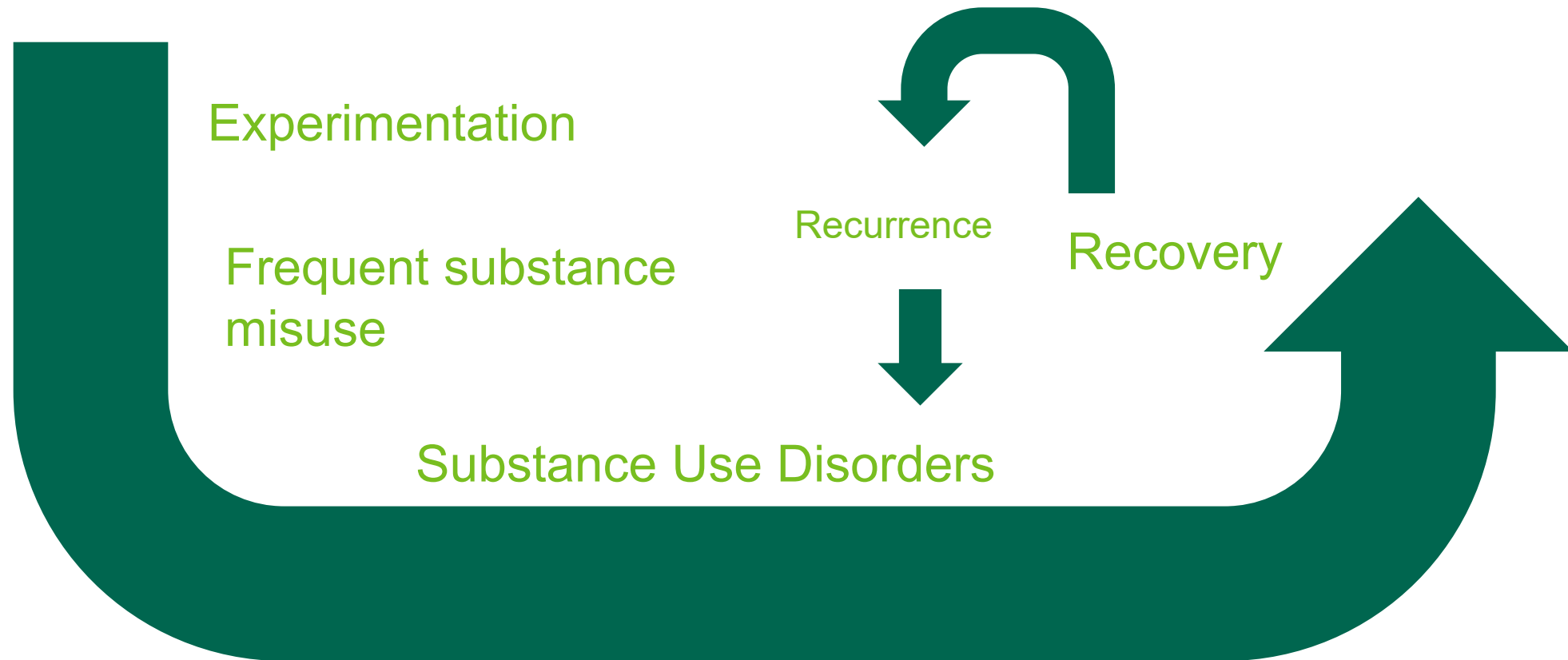
Boredom

Trauma

Mental Health-desire to 'escape', feel relief



The Progression Curve



High Risk-Substance Use (CDC 2022)

Risk factors for youth high-risk substance use can include:

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Low parental monitoring**
- Parental substance use**
- Family rejection of sexual orientation or gender identity**

- Association with peers who use substances
- Lack of school connectedness**
- Low academic achievement
- Childhood sexual abuse
- Mental health issues**

Familial Addiction-Kids need us to talk about it!

When talking to children about addiction in their family:

The preferred term is addiction.

Words like stuck and trapped help children understand what addiction is.

Keep it simple, concrete.

Help children separate the person they love from the disease of addiction

Teach children about loss of control, relapse, treatment and recovery

The 7 Cs

You didn't Cause the problem.

You can't Control it.

You can't Cure it.

But...

You can help take Care of yourself.

You can Communicate your feelings.

You can make healthy Choices

Protective Factors

- School Connectedness
- Family awareness
- Parental engagement
- Healthy peer relationships
- Information
- Structured activity/schedules
- Mindfulness ability
- Optimism/Hope



Strategies

Parents-Connect,
Engage, Sustain

Build distress tolerance
and coping tools

Motivational techniques

Building Hope

Decisional Balance

Curiosity

Harm reduction

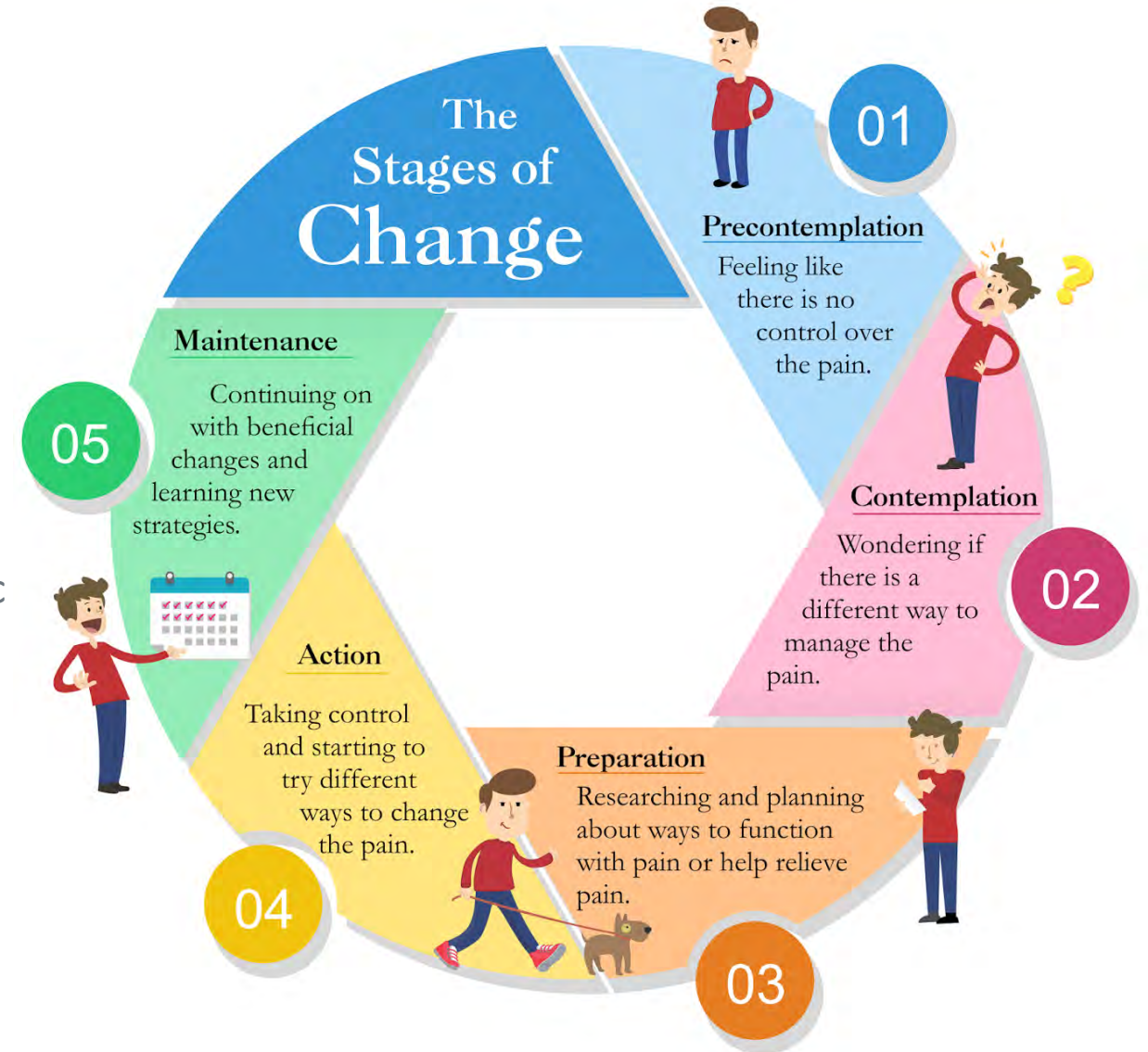
Mental Health Care

Connection



Motivational Enhancement

- 1. Empathy.** This is crucial for the relationship as the teen is usually expecting negative judgments for their behavior.
- 2. Discrepancy.** The contrast between current behavior and desired behavior. Teens must develop their specific goals and understand how their current behavior will not help them achieve them
- 3. Don't fight resistance.** Accept rather than fight resistance. The more you try to tell a person they are wrong, the more they will become entrenched in their position and unwilling to change.
- 4. Support self-efficacy.** Boost belief in own self-efficacy



Resources

National Association For Children of Addiction (NACOA)

www.Nacoa.org

[Children's Program Kit – NACoA](#)

[Parental Addiction - Sesame Workshop](#)

[Parents for Healthy Schools Resources | Healthy Schools | CDC](#)

[DBT Worksheets for Adolescents | Therapist Aid](#)

[Motivational Interviewing for Teens and Adolescents \(theraplatform.com\)](#)

[School-based harm reduction with adolescents: a pilot study | Substance Abuse Treatment, Prevention, and Policy | Full Text \(biomedcentral.com\)](#)

Stay Curious

Curiosity counteracts stigma, judgements and blame. If we remain curious, ask questions and cultivate empathy, we are more likely to find a way to join with each other, parents, children and teenagers.

“The opposite of addiction is connection” Johaan Harri





Thank you

Lucy.j.r.pilcher@hitchcock.org

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Fischer, N.R. School-based harm reduction with adolescents: a pilot study. *Subst Abuse Treat Prev Policy* **17**, 79 (2022).

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Moffat BM, Haines-Saah RJ, Johnson JL. From didactic to dialogue: assessing the use of an innovative classroom resource to support decision-making about cannabis use. *Drug Educ Prev Policy*. 2016;24:85–95.

Mutschler, C., Naccarato, E., Rouse, J. *et al*. Realist-informed review of motivational interviewing for adolescent health behaviors. *Syst Rev* **7**, 109 (2018). <https://doi.org/10.1186/s13643-018-0767->

[2021 National Survey on Drug Use and Health \(NSDUH\) Releases \(samhsa.gov\)](https://www.samhsa.gov/2021-national-survey-on-drug-use-and-health)

[Parents for Healthy Schools | Healthy Schools | CDC](#)

[Why are youths resorting to substance and drug use? - CHOC - Children's health hub](#)



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*All in this Together ECHO:
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Session 5, Tools/Strategies to Engage Families, May 28, 2024



Tools and Strategies to Engage Families

*Carrie Russell, LICSW
District Social Worker
Hartford Vermont School District*

Overview

- ❖ Review Current Situation
- ❖ Community Engagement Principles
- ❖ Concrete Examples

Brief Background: Who am I?

Engagement...it's bleak out there



- People everywhere are struggling; MH concerns are on the rise
- Chronic absenteeism (10% of school missed) up to 29.75 for the 21-22 school year
- All kinds of ideas as to why
- Across the social service sector in particular engagement is a challenge faced by all of us

We can do something(s) about this!



7 Core Principles of Community Engagement

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6. Impact and Action
7. Sustained Engagement and Participatory Culture

Tiers of Engagement in Schools

Foundational:

- Community Involvement
- Welcoming Environment for all Families
- Open Houses/Community Events

Tier 1 Universal:

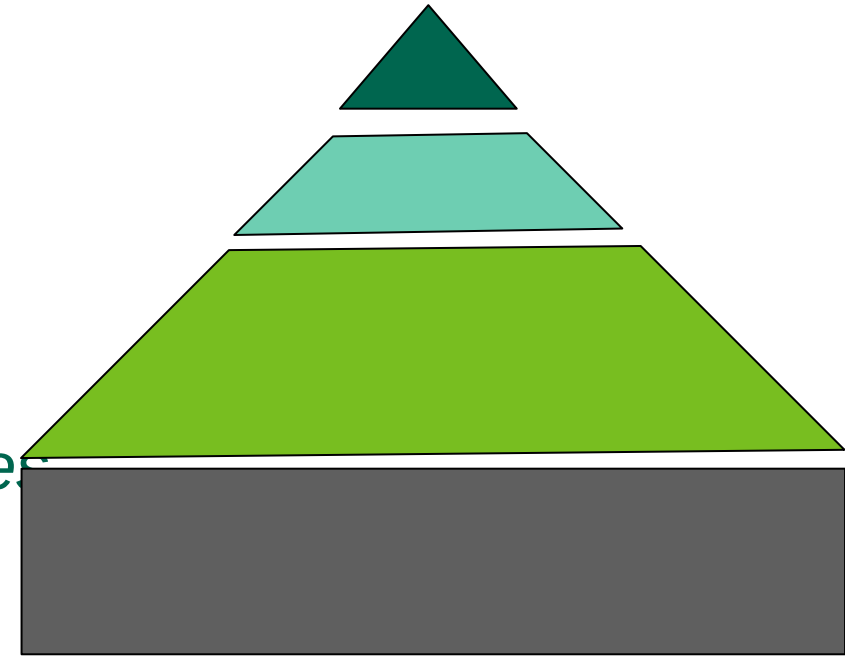
- Shared data with family, positives and negatives
- Shared expectations regarding engagement

Tier 2 Early Intervention:

- homevisits/team meetings
- Welcome letter for incoming Kindergarteners

Tier 3 Intensive Intervention:

- creative educational plans



Attendance

My current example...

Hartford Engagement Collaboration

- use data to inform intervention (chronic absentee rates across Hartford at the beginning of the 23-24 school year were around 25-35%)
- 10-15 community organizations
- meet 2x a year
- share work being done
- build connection/engagement with each other
- allows for other projects to take place outside of meeting times



Attendance Team Meetings

- 
- Every school identifies members, District Social Worker common participant at all meetings
 - meets regularly; either monthly or every other week
 - reviews data, both full day attendance and tardies, trends, demographics
 - identifies interventions to try based on data (letters, phone calls, etc)
 - follow up on interventions identified at last meeting

Training for staff: Engagement Basics

- Onboarding: clearly state expectations
- How to build a professional positive relationship (7 core engagement principles)
- Regular communication
 - Text/email
 - Phone
 - in person
- Opportunities for school involvement



Innovation from Other Places

- LEAP in Connecticut; Learners Engaged and Attendance Program: Home visiting and follow up program (attendance increased 15-20%)
- Communication Apps for use between parents and families
- WA State: Community Engagement Boards
- Lamoille Valley School Engagement Program : School Engagement Specialists hired through Lamoille Restorative Center

What ideas do you have?
What is working at your
school(s)?

Questions? Thoughts?

Thank You!

Resources

Miller, E. & Gaumer Erickson, A. S. (2023). Family engagement, attendance, and performance on statewide assessments in Kansas. Kansas Technical Assistance System Network. <https://www.ksdetasn.org/resources/3666>

Engagement Toolkits from Attendance Works:

<https://www.attendanceworks.org/resources/toolkits/integrating-attendance-into-kindergarten-transition/start-with-a-warm-welcome-and-engagement/>

The LEAP Effect: Taking A Systemic Approach to Improving Attendance & Engagement, <https://portal.ct.gov/-/media/sde/chronic-absence/leap/the-leap-effect.pdf>

Lamoille Restorative Center, <https://lrcvt.org/school-engagement/>