

Resilient Futures: Excelling Beyond Childhood Adversity

Program Proposal

Abigail Segovia-Santos, Angela Sparks, Richard Thomas, Amber Vaudreuil

School of Social Work, Southern Adventist University

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Dr. Laura Racovita

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Abstract

A literature review and needs assessment were conducted to examine the connection between adverse childhood experiences (ACEs) and academic performance. Potential interventions for students who have experienced ACEs were also explored and it was found that Cognitive Behavioral Interventions as well as Somatic Interventions were found to have previously been effective. The program focused on students in middle school and high school who have experienced two or more adverse childhood experiences (ACEs) and the effects on their academic performance. The participants of the program will attend middle school or high school within the Hamilton County school system. Specifically, 250 students from Tyner Middle, Central High School, Red Bank High School, and Orchard Knob Middle will be assessed. Within these school systems, group therapy will be implemented with qualifying students. The types of therapy that will be utilized are Resilience Building, Art Therapy, Music Therapy, and Physical Education Therapy. Outcomes for the therapy interventions will be assessed at the end of the first semester and again at the end of the second semester. A second intervention will be a Resource Fair offered to the entire Hamilton County School District that will feature 30 mental health provider vendors that target ACEs. Both quantitative and qualitative data will be collected to assess the effectiveness of the program.

Background of the Problem

Before they graduate from high school, "the majority of children and youth will be exposed to at least one potentially traumatic event (Understanding Trauma and Its Impact, n.d.)". Children that have experienced trauma, a distressing event that causes an overwhelming emotional response affecting their ability to cope, are struggling academically and socially within a school environment (Understanding Trauma and Its Impact, n.d.). 32% of youth ages 14 to 17 have been victims of physical assault, 37% have witnessed violence, and 23% experience maltreatment (Understanding Trauma and Its Impact, n.d.). Negative effects of stress and trauma can affect a student's behavior, emotional welfare, academic progress, and health if they are not properly addressed. Witnesses and bystanders to traumatic situations may behave inappropriately or defiantly in school and may be disruptive or inattentive (APA, 2021). Students who have experienced trauma may also exhibit disruptions in their cognitive abilities, such as memory and concentration. According to the American Psychological Association, trauma can lower academic achievement, cause more students to miss school, increase the likelihood that students will drop out, and could fundamentally affect a child's ability to read (2021). Based on the information above we know the effects trauma can have on a child. The social problem that will be addressed is the effects of trauma on academic performance and addressing the immediate emotional responses and reactions that children are having in the school environment that are affecting academic performance.

Middle school and high school students in Tennessee experience crisis or trauma more than the average student (Tennessee Commission on Children and Youth, 2022). In Tennessee, 31.8 percent of adolescents reported having experienced at least one Adverse Childhood Experiences (ACEs) with 9.4 percent having experienced community-based trauma (Tennessee

Commission on Children and Youth, 2022). In 2021, just over 20 percent of adolescents had a depressive episode (Drake & Panchal, 2023). A KFF study also showed that 12 percent of adolescents reported serious thoughts of suicide with 22 percent of high schoolers seriously considered suicide (Drake & Panchal, 2023). Tennessee Commission on Children and Youth 2022 report also shows that 14,386 students that attend public school are homeless, with 3.1 percent of those students living in unsheltered places. Adolescents reported that 1 in 10 had misused prescription drugs, 4 in 10 had drunk alcohol, and 1 in 5 had tried Marijuana (Tennessee Department of Mental Health and Substance Abuse Services & EMT, 2020). In spite of these statistics, 56 percent of school districts in Tennessee had only one or even zero psychological staff (Tennessee Commission on Children and Youth, 2022).

Due to these statistics, this program will focus on a few different key areas. This proposed program will focus on adolescents, aged middle school to high school students that have experienced trauma or crisis. School performance will be evaluated to see the extent that it is affected by the crisis or trauma that the adolescents experiences. Finally, the response needed to increase the adolescents' school performance will be addressed.

The program will focus on middle school and high school students that participate in school within a traditional school setting. The target population is individual students or a group of students.

The target population are students in middle school, 6th through 8th grade, and high school students, 9th through 12th grade. The target population will include any student/s within these grades that has experienced a recent traumatic event. The program will look at individual students or groups of students. There will be no exclusions based on demographics, language, or

related factors. The location of the target population is schools within Hamilton County in Tennessee.

Due to absent local programs here are a few recent ones from within the US. The University of California San Francisco (UCSF) collaborated with the San Francisco Unified School District to create the Healthy Environments and Response to Trauma in Schools (HEARTS) program (Dorado et al., 2016). This program is a three tiered intervention and prevention effort to support students that have experienced trauma and aid in their school success. The first tier's focus is to, through education of staff, facilitate a more trauma informed, safe, school environment. Tier two uses the new understanding of being trauma informed to create the most supportive interventions for the students at-risk. Tier three is a trauma specific therapy intervention, which could be individual, group, or with the family.

Ijadi-Maghsoodi et al. (2017) evaluated the impact of an in school resilience building curriculum applied to specifically at-risk youth that are low income, and a part of a racial or ethnic minority. The resilience building curriculum was split into 9 modules. Each module had the goal to guide students through their experiences, and educate them on how it could affect their school success, and give them skills to practice and implement. The resilience building interventions showed positive results in supporting these marginalized, at risk youth through trauma, chronic stress, and adversity.

The program will assist with processing mental health needs of students that experienced traumatic events. It will be identifying areas of academic need and addressing them through the program or through other school and community resources. Assisting students with the processing of traumatic experiences and following through with assisting them with any

academic or classroom support needed to be academically successful are the needs that will be addressed.

Uniqueness of the Program

Students will be recommended to the agency by school social workers that know the student will need more individualized therapy intervention due to a trauma the child has recently experienced and is now greatly affecting how they perform in school. The program will be an in-school opportunity for middle and high school students to be able to receive individual or group cognitive behavior therapy intervention after having experienced trauma. After school interventions will be provided when necessary. Addressing the student's needs and helping them achieve overall academic success would be the main goals of the program, and through the sessions with students if there are other goals that they are wanting to accomplish it will also be added into their treatment plan. Incorporating different forms of interventions into the therapy will be adjusted according to the students needs and their interests. Some of these interventions would be music, art, reading, creating, writing, sports, and so many more that may help the student process their trauma in an alternative way to talking about it. After establishing a treatment plan with the students and going through it, the process of termination will begin. The program coming to an end, will signify that the student has a tool kit of skills on them to be able to process their trauma in a way that best helps them and knowing how to process the thoughts and emotions within a school setting to still be able to be academically successful. An evaluation will then be completed by the student to see if the program is still meeting everyone's goals and continuing to be beneficial and effective for students going through traumas.

The environmental scan of Hamilton County, Tennessee shows that there are a few mental health programs that are geared towards adolescents in Hamilton County to what is being

proposed. A couple of the programs are offered in the Hamilton County School District schools in Tennessee. Most of the programs are offered out of the schools, however.

The program that resembles most to the proposed program is Volunteer Behavior Health Care System. Volunteer Behavior Health Care System (n.d.) offers mental health counseling to adolescents in some of the schools. Hamilton County School District does offer counseling for social and emotional development to help with student academics and career goals in the schools.

There are a couple of programs that offer help outside of the schools. One program by Pursuit of Happiness (n.d.) does short-term behavioral and clinical services to youth in under-resourced areas in Hamilton County. The services can be in the home or at other locations. Another program by Jason Foundation offered by Erlanger Behavioral Health Hospital (2018) offers staff development and curriculum for students concerning youth suicide. Lastly, Rise Up Cooperative (2023) offers programs for adolescents and community members workshops on mental health topics.

This program will be unique in that it will provide services within the school setting to individual students or groups of students following a traumatic event who are experiencing difficulties in school. The services will take place during school hours in coordination with school staff, family, and student/s. The program will assess each student's individual needs and determine the best intervention. The program will offer Cognitive Behavioral Interventions for Trauma in Schools, as well as alternative interventions that include music, art, and movement for students who are not ready for a talking intervention. There will be an option for services to be provided directly after school on the school's campus when appropriate.

Literature Review and Evidence-Based Practices

Adverse Childhood Experiences (ACEs)

Several studies conducted show that adverse childhood experiences (ACEs) have immense impacts on a child's life in several ways. There are environmental factors that emerge in a child's life that result in ACEs occurring. A study found that more than 70 percent of adolescents have had at least one ACE (Swedo et al., 2020). When school is a part of children's daily lives, the ACEs that they experience affect how they perform in school and may affect their overall education.

Causes of ACEs

According to the study conducted by Cherewick et al. (2015), childhood traumatic stress exposures can happen at the individual, family, and community levels. Nearly half (46%) of the 30 participants said they had gone through four or more traumatic experiences, 36.7% said they had gone through two or three, and 16.7% said they had never encountered any trauma. The adolescent participants reported being exposed to several types of violence, including seeing a friend or family member die, being in a combat situation, being forced to be apart from family, and not having access to basic necessities like food, shelter, and medical treatment (Cherewick et al., 2015).

The environment and the economical status of the family that a child grows up in can contribute to ACEs. In a study conducted by Bethell et al. (2014), students that live in a lower socioeconomic household or are older tend to have more than one ACE. These students also tend to live in less safe and supportive environments. These students also do not exhibit as much resilience as students who have no ACEs. An environment like the foster care system can greatly affect the stability in a child's life. Older students who are in the foster care system have experienced two or more ACEs (Salazar et al., 2012).

Physical and emotional bonds are also factors that can cause ACEs when disrupted. A study conducted by Gontijo et al. (2022) found that developmental delays in children between the ages of 12 and 15 months were due to the bond deterioration between a mother and their child. This bond deterioration at six to eight months may cause developmental problems for a child at 12 to 15 months.

Effects of ACEs in School Settings

Behavior Issues

According to Grasso et al. (2015), adolescents that have reported to multiple ACEs, especially in emotional abuse, community violence, and/or physical assault have been justice involved, have significant Post Traumatic Stress Disorder (PTSD) symptoms, and emotional and behavior problems. However, with traumatic loss, an adolescent does not need multiple ACEs to have the same reaction of behavior problems (Grasso et al., 2015). Another study conducted by Perfect et al. (2016) found that exposure to a traumatic event causes a student to externally exhibit aggression, hyperactivity, disruptive behavior, and defiance. Students show internalizing behaviors such as sadness, anxious feelings, and low self-esteem when they have been exposed to a traumatic event (Perfect et al., 2016).

Trauma Triggers in school settings. In a study conducted by West et al. (2014), it was found that court involved youth felt that their behavior of being aggressive or having anger outbursts from their trauma was impacted when they experienced triggers of the traumatic event, such as smell, date of traumatic event, or sounds. The students may not have even been aware of these triggers until they act out. The triggers may affect not only their aggressive behavior, but it can also affect their ability to focus on the class or even be productive while in school. These

triggers may spill over into other's interactions and create a more contentious environment (West et al., 2014).

Bio-Psycho-Social Issues

Bethell et al. (2014) study showed that if a student has two or more ACEs, they have a higher rate of health problems.

Substance Abuse. Swedo et al. (2020) found that students that had emotional abuse or neglect were four to five times more likely to misuse opioids than students that had not been exposed to any trauma. Students that had experienced sexual abuse were seven times likely to misuse opioids. The amount of ACEs correlated with how likely the students were to misuse opioids. Students with more than five ACEs were 15 times more likely to misuse opioids than those students who had no trauma (Swedo et al., 2020). Afifi et al. (2020) found that having at least one ACE would increase the likelihood of misusing alcohol, smoking, and using a vape. Marijuana use was found to be misused the most when there was at least one ACE, but if there is peer victimization, the odds increase even more with regard to misuse of alcohol and marijuana, smoking, and using a vape (Afifi et al., 2020).

Mental Health. When prolonged childhood trauma is accompanied by mental health issues, school performance suffers. The inequities in access to mental health care was demonstrated through this study. (Chapman et al., 2017). Children that are in or have been in the foster care system have significantly more chances of being diagnosed with lifelong PTSD. It was also found that females are more likely to have lifelong PTSD than males due to females having a higher occurrence of sexual trauma (Salazar et al., 2012).

Brain Development. Thumfart et al. (2022) found that childhood trauma affects the way that DNA is modified and it explains how miRNAs are regulated in different parts of the brain.

These molecular alterations have an impact on critical brain development and functioning pathways (Thumfart et al., 2022). Peverill et al. (2023) found that youth exposed to threat or traumas had thinner cortex in many cortical areas involved in salience processing, self-reflection, and perceptual processing, as well as smaller subcortical volumes in the amygdala, among younger participants. Children exposed to stressful situations may exhibit altered behavior, such as increased sensitivity and response to threatening stimuli, as a result of structural alterations in the salience processing areas of the brain (Peverill et al., 2023).

School Success

A study by Bethell et al. (2014) found that students with more than two ACEs were 2.67 times more likely to repeat a grade than students who had no ACEs. They were also more likely to miss more than 2 weeks of school. These same students were less engaged in school than students with no ACEs (Bethell et al., 2014). The conclusions drawn from the findings of Rajendran et al. (2022) show how significantly stress, obesity, the size of the family, the marital status of parents, and one's way of life can have a major impact on academic success.

Cognitive Performance. A study by Perfect et al. (2016) showed that students that have more than one ACE, have lower IQ scores and verbal skills and attention skills. These students also impaired memory tasks, such as their working, visual, and verbal (Perfect et al., 2016).

Academic Performance. According to Perfect et al (2016), students with at least one ACE tend to have lower reading and math scores and also lower academic grades. Students that have at least one ACE tend to have more discipline referrals and suspensions. Special education and repeating grades are also symptoms of having at least one ACE (Perfect et al., 2016). Iachini et al. (2016) found that when students experienced an ACE, they soon afterwards had grade

changes, were suspended from school, had attendance issues or skipped school, or repeated a grade level.

A study by Lurie et al. (2023) discovered that lower growth mentality was independently associated with both threat and deprivation, but when co-occurring adversities were taken into consideration, only the association between threat and lower growth mindset remained significant. Poorer academic achievement and more severe anxiety and depressive symptoms were linked to lower growth attitudes. Through a reduced growth mentality, experiences of threat had a significant indirect impact on both worse academic achievement and increased anxiety symptoms (Lurie et al., 2023).

Cognitive Behavioral Intervention for Trauma in Schools

Cognitive Behavioral Interventions for Trauma in Schools (CBITS) was created by Lisa H. Jaycox in 2003, and according to the *National Institute for Justice* it has been proven effective (2011). CBITS is probably the most widely used and accessible program, it has resulted in improvement for child posttraumatic stress disorder (PTSD) and depressive symptoms in several studies, and it is associated with improved academic outcomes (Santiago et al., 2018).

Hoover et al. (2018) shares a statewide implementation of CBITS in Connecticut. They administered this using a group therapy model. The sample size was between five different schools, 350 students averaging at 12 years of age, and 20 CBITS trained clinicians. The students were composed of a diverse range of races, and ethnicities, and had each experienced an average of eight traumatic events. A variety of measurement tools were used with the students at the beginning and end of this process. A Trauma Exposure Checklist (TEC), the Child PTSD Symptom Scale (CPSS), the Ohio Scale to measure functioning and problem severity, and the Youth Services Survey for Families (YSS-F). From the total sample size of 350, 312 took the

CPSS, and 289 took the Ohio Scale, at the beginning and the end of the intervention process. The outcomes showed that PTSD symptoms decreased, functioning in the children increased, and problem severity decreased. This study showcases the need to have available school-based trauma interventions, trauma informed clinicians, backed by a supportive school and community. Some of the limitations were the lack of a controlled trial, and the limited information available for the children, due to the measures of severity and functioning being by self report only.

Sumi et al. (2021), through the incorporation of CBITS, looks at how the middle school students' behaviors and academic functioning were affected in students that had experienced trauma. The sample size consisted of students from 12 different middle schools, 550 out of those screened reported experiencing trauma. Around 296 gave consent to be a part of the study, with 150 students participating in the interventions, and 143 students as a comparison group. The intervention was implemented weekly by masters level school social workers (SSW). Each had a group of around six to nine students, and they focused on cognitive behavioral techniques, action steps based on what was discussed in session, education on trauma, relaxation and therapeutic strategies, and tools to work through processing the trauma. The results, as self reported by the students, showed a reduction in traumatic stress symptoms and internalizing behaviors. Nothing specifically relevant was found regarding increases with academic success. Some limitations were factors regarding student dynamics within the groups and its effect in the outcomes. Regarding the nonsignificant results for the academic measures of the students, the study suggests more precise and focused assessments of cognitive functions and processing.

“Many Latino youth are often unable to access mental health services and support following exposure to traumatic and stressful events” (Allison & Ferreira, 2017). The existence of trauma is especially prevalent in low-income, and minority-dominated at-risk communities.

This is often a barrier to treatment; this study looks at how effective CBITS is with those in the latino community, specifically looking at students grades 5th,6th and 7th. Out of eighty students from a school where Latino students were the majority met qualifications, 32 gave consent to be a part of the study. Those students took the CPSS, and groups were formed based on grade level. The groups met for around an hour once a week for ten weeks. They also had individual sessions in the middle of the 10 sessions, for four weeks, where they could further process their trauma and bring it back to the group. The results showed that out of the original 32, 23 finished the whole process. While reviewing the post test, it was found that the overall trauma score and depression score significantly reduced.

Skills Based Group Intervention

Skills Training in Affective and Interpersonal Regulation (STAIR) was used in a study by Gudino et al. (2015) to address trauma experienced by adolescent minority girls in a low income inner city public school. The sample size was composed of 23 girls between the ages of 11 and 16, drawn from both a middle school and high school in New York. During the process a CPSS was taken, trauma exposure, and resiliency factors were also measured. The intervention consisted of 16 sessions, beginning with education on trauma and goal setting. The last half of the sessions focuses on using their trauma narratives created earlier and applying and practicing skills. The results did not show significant changes in symptoms, however this study is unique in its resilience and skill building focus. While other interventions mainly focus on symptom reduction. This program's focus on resilience and interpersonal skill building has identified a gap in which a combination of these efforts may be beneficial.

School Based Resiliency Curriculum

Schools and the classroom are often places where students who have experienced trauma need intervention the most. A study by Ijadi-Maghsoodi et al. (2017) looks at the implementation of a nine module Resilience Classroom Curriculum, a groups formatted intervention, and facilitated by school social workers, with teacher participation encouraged. The sample size was taken from two schools, using 9th graders, a total of 54 students participated. Each of the nine modules in the curriculum focused on skills that taught resilience, communication, emotional regulation, problem-solving, goal-setting, and stress management. Students also learned how to create narratives to further process trauma and PTSD. This curriculum positively affected the students and the teachers. The responses from the program showed that the curriculum helped create support, connection, and destigmatized students reaching out for mental health help. Some of the limitations were the absence of a control group and a low response number on both the pre and post tests.

Somatic Interventions

When dealing with the aftermath of a traumatic event or experience, some may not be ready to talk about what they have experienced and how they are feeling. For some, trauma is communicated through the body by different physical ailments (Lapum et al., 2019). In these cases, a type of somatic intervention may be a better fit. Interventions that incorporate physical activities and other somatic elements can help children develop self-soothing skills necessary to achieve adequate levels of emotional regulation that can prepare them for language-based interventions (Mancini, 2020).

With the knowledge that dance, as a therapeutic intervention, directly addresses where trauma is held and allows a person the opportunity to explore with movement for the purpose of relieving tension and restoring a sense of ownership with one's mind and body, Lapum et al.

(2019) looked at a program called Sole Expression. This program utilized a 10-week trauma informed hip hop dance program for youth ages 11-17 who had experienced abuse and/or exposure to violence. This was set up to be a five year study and had not yet concluded at the time of this article, but seven 10-week programs had been offered. Preliminary results showed that there was improvement in some trauma symptoms, such as anxiety and depression (Lapum et al., 2019).

Another study looked at the Somatic Soothing and Emotional Regulation Skill Development intervention (SSERSD). In the SSERSD intervention, children were guided through a specific set of activities designed to help enhance self-regulation and soothing skills and reduce somatic trauma symptoms such as hypervigilance, numbing, dis-sociation and emotional dysregulation (Mancini, 2020). This study looked at 34 participants ages 6-11 who were enrolled in an English Language Learner (ELL) program. The study found that there was statistically significant improvement in measures of trauma, depression, anxiety, and psychological functioning. The results from qualitative teacher reports indicated that most participants demonstrated an observable improvement in problematic behaviors in the classroom such as a reduction in disengagement, impulsivity and irritability as well as positive changes in participants' academic engagement and social behavior (Mancini, 2020).

Screenings

Another study looked at the Katrina Inspired Disaster Screenings and Services (KIDSS) toolkit and its effectiveness in providing intervention for students after a natural disaster. Hansel et al (2019) stated that Schools are frequently called upon in disaster recovery situations to provide mental and behavioral health services due to the natural fostering of supportive relationships through classmate, teacher, and school staff interaction. The KIDSS toolkit consists

of four steps; collaboration with schools, screening to determine needs, referral to appropriate professionals, and then school based services are provided.

This study was conducted by sending home screeners to families of fourth through 12th graders who had been in a school where KIDDS services were provided. Students ages 3 to 19 were represented in this study. The results of this study showed that the KIDDS toolkit was successful in connecting students with appropriate services. The screening was able to identify and provide services for students whose needs may have gone unnoticed (Hansel et al., 2019). One of the great things about the KIDDS toolkit is that it is not only helpful after a large natural disaster, but it is flexible and can be implemented following singular events or for shorter time periods (Hansel et al., 2019).

Information from these present studies reveal gaps and limitations that could be covered in the proposed program. More specific tests are needed to look at cognitive function in regard to academic success. Many programs focused on primarily lowering symptoms, as valuable as that is, the proposed program will seek to find ways to increase cognitive function and promote academic success. These present studies have highlighted the usefulness and successfulness of CBITS, resiliency focused intervention, and the group therapy model. All valuable aspects to consider adjusting and including in the proposed program

Problem Statement

We know that children that have experienced trauma or who have ACE's struggle with school success, brain development, and mental health. However we do not know specific interventions that have been proven to increase school success during the time right after experiencing the trauma. This is an area that is important to the program proposal, and in need of more exploration.

Needs Assessment Research Plan

Need for the Program

For this program, data from Hamilton County schools' Student Success Plan meetings and the Hamilton County District Report Card will be collected. The program will also utilize the following assessments to collect data; Pediatric ACEs and Related Life Events Screener (PEARLS); Child PTSD Symptom Scale (CPSS); Ohio Youth Problems, Functioning, and Satisfaction Scale.

The program will also customize a survey to obtain data from students about their previous mental health interventions and demographics (Appendix D). The program will also conduct interviews with students and school faculty to gather data about current and past mental health needs and academic success of middle and high school students (Appendix E).

Statement of Purpose

The purpose of this needs assessment is to determine what are the mental health needs of the students with two or more Adverse Childhood Experiences (ACEs) that will help improve academic success in Hamilton County School District.

Research Question

What are the mental health and intervention needs of students in the Hamilton County School District with two or more Adverse Childhood Experiences (ACEs) and in what ways does it impact academic success?

Research Hypothesis

Null Hypothesis: H_0 : There are no specific mental health needs that will impact academic success.

Alternate Hypothesis: H_1 : There are specific mental health needs that will impact school performance.

Research Variables

Independent variable/s (IV):

The independent variable for the needs assessment plan is Adverse Childhood Experiences (ACEs) .

Dependent Variable/s (DV):

The dependent variable for the needs assessment plan is academic success and mental health needs.

Controlled variable/s (CV):

The controlled variables for the needs assessment plan are the age and grade of the students.

Extraneous Variable/s (EV):

The extraneous variables for the needs assessment plan are student's attendance, school events, timing of research, school personnel attitude towards research topic, parental attitudes towards research topic, parental consent.

Concepts:

The concepts for the needs assessment plan are functioning, vicarious trauma, exposure trauma, and current coping strategies.

Methodology

Qualitative

Quantitative

Mixed Method

A survey design will give easy access for participants to take the survey and for the researchers to collect and analyze the responses received (Appendix D). Using surveys will function best when collecting the data on Pediatric ACEs and Related Life Events Screener

(PEARLS), Child PTSD Symptom Scale (CPSS), Ohio Youth Problems, Functioning, and Satisfaction Scales (Ponto, 2015). It will also be utilized to ask questions about demographics of the students, impact on academics, any prior mental health intervention, and cognitive functioning. Interviews will be conducted, in person to build the best rapport with students, to ask students further questions about traumas and challenges and how these issues have impacted their academic journey (Namey et al., 2022) (Appendix E).

Population and Sampling

The population sample will be taken from 250 Hamilton County School students located at: Tyner Middle, Central High School, Red Bank High School, and Orchard Knob Middle. These schools were picked to try and get different age ranges from the locations chosen.

Data is needed on the ACE's the students have experienced in their lives, utilizing the ACE and Related Life Event Screener, Child PTSD Scale, functioning and satisfaction data, demographics, and interview questions that seek to connect experience trauma and academic success.

The sample will be based on those that self refer to participate based on the postings at the schools, or the emails. It will also include those that are recommended to participate from the staff on the Student Success Planning Committee(SSP). All participants must consent, or be consented for in order to be in the sample. Using this method for sampling will hopefully present more opportunities for relevant cases to be a part of the study. Those excluded fall under the assumption that their ACE score or perceived trauma may not be high, or a factor.

The emails, the postings, and the information relayed to the SSP staff will contain a brief explanation or graphic of what ACE's are and what the study hopes to learn. This way if a

student recognizes the relevance within their own situation, it could garner more informed and enthusiastic participation.

The first step is filing out the Hamilton County Department of Education Application for Conducting Research or Request for Data. This form is very similar to an IRB. It has specific questions that ask how the research will directly or indirectly benefit the students, and the stakeholders of the HCDE. It also asks that the surveys, interview protocols, and research design and or methodology are attached to the form. Included needs to be the consent forms from the principals of the schools that will be used in the study. The IRB and a letter of endorsement from an academic advisor or committee must be attached (Appendix G). Samples of the consent forms for parents and students are also included with this document. On the form it needs to be specified whether the study will be requesting data files as well. In the case of this study, gaining consent from the SSP staff to view the Tier 2 and Tier 3 students, would be a factor.

Data Collection and Analysis Plan

Data Source

Two hundred and fifty students from Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School will participate in the research. The researchers will also utilize secondary data from the school district and the school itself.

Data Collection Methods

All students that are participating in the research project will receive this survey to complete (Appendix D). The survey will take approximately 30 minutes to complete. With the help of the school success planning committee, the researchers will randomly select 10 to 15 students for interviews (Appendix E). These interviews will be facilitated by a research team member and will last approximately 20 minutes. These interviews will be videotaped. The

students will assign themselves a pseudonym at the start of the interview. The researchers will do the surveys and interviews throughout one month; one week per school. There will be four schools participating: two middle schools and two high schools. There will also be data collection from Hamilton County schools' Student Success Plan meetings and the Hamilton County District Report Card.

Instruments used for Data Collection

The researchers will use a survey consisting of the following:

- Pediatric ACEs and Related Life Event Screener which consists of two parts; one part consisting of 10 questions (Sample question: Have you ever lived with a parent/caregiver who went to jail/prison? Yes or No) and the second part consisting of nine questions (Sample question: Have you ever lived with a parent or caregiver who died?).
- Ohio Youth Problem, Functioning, and Satisfaction Scales consists of two parts: first part consists of 20 questions (Sample question- In the last 30 days have you had a problem with arguing with others, 0-being not at all to 5 being all the time); second part consists of 20 questions (Sample question: What is your current situation with getting along with friends 0 is extreme trouble to 4 being doing very well).
- Child PTSD Symptom Scale consists of two parts: first part consists of 17 questions (Sample question: In the last 2 weeks, Having trouble falling or staying asleep 0 being not at all/or only one time to 3 being 5 or more times a week/almost always); second part consists of seven questions (Sample question: In the last 2 weeks, have you had trouble doing your prayers yes or no).
- Demographic questions consist of 10 questions (Sample question: How old are you?).

The interviews will consist of 5 questions (Sample question: What are some traumas in your life that have affected you academically?). The Hamilton County School Student Success Plan will include information such as truancy, suspension, etc for individual students. The Hamilton County School District Report Card will include information such as truancy, suspension, etc for the entire school district and individual schools.

Data Analysis

The quantitative data collected for this study will be analyzed with the IBM SPSS (Statistical Package for the Social Sciences) version 28 software program. The quantitative data collected for this study will be used to find the descriptive statistics of mean, standard deviation, and range of the student participants' Adverse Childhood Experience (ACE) scores and academic scores. The descriptive statistics will help the researchers see the extent of mental health needs and then see the overall academic scores throughout the sample size. Researchers will be analyzing parametric statistics to find Pearson's correlation of Adverse Childhood Experiences (ACEs) and its impact on students' academic scores.

The researchers will use Taguette 1.4.1 software to manage and organize the qualitative data for analysis (Rampin, 2021). The qualitative data collected will be audio recorded and notes will be taken simultaneously during the interview process with participants. The audio will be transcribed, using code names for each participant, and then analyzed by our researchers. The data gathered will be to determine the types of interventions that students have found effective or not effective and learn about coping mechanisms that they use to be able go through the traumas they have experienced. Researchers are also trying to determine how traumas and challenges are affecting them in a classroom setting. Concept mapping will be used to create a chart or summary to depict the different themes found and the relationship between each other.

This study hopes to find a positive correlation between ACEs and lack of academic success and that mental health interventions will improve academic success. This study hopes to find that schools within Hamilton County will reflect that providing mental health interventions will result in a reduction of traumatic stress symptoms and internalizing behaviors as seen in a study done by Sumi, et al. (2021). This study also hopes to find improved academic outcomes following mental health interventions provided to Hamilton County students as seen in a study done by Santiago et al. (2018).

Ethical Considerations

Ethical considerations for this study will be addressing working with minors. An informed consent will be used to ensure the subjects are adequately informed and have a clear understanding about the purpose and procedures of the study, and that they are aware of the risks and benefits (Appendix F). Parents of students participating will be given a parental consent form and students under the age of 18 will be given a child assent form. These documents will be utilized to gain appropriate permissions for participation of minors. All of these documents can be found in the appendix. Participants will be given a voluntary participation form that makes it known to them that their participation is completely voluntary and they may decline to answer any questions or drop out of the study at any time. Participants will be made aware of how their information will be kept private and confidential. There will be no cost to participants to take part in this program.

The benefits of participating are aiding in identifying the negative effects ACEs have on academic performance. Once these are identified, they can be properly addressed and resources and aid can be more readily available to help students moving forward. The risks of participating are potential PTSD, anxiety, stress, and other challenging mental health distresses. Considering

the seriousness and severity of ACEs and potential risks of symptoms re-surfacing or increasing, there will be mental health resources available for any student that may experience triggers and/or struggles during or after participating in the surveys and interviews.

Researchers are trained to conduct responsible research to protect the participants (Appendix H). To protect the participants identity and keep confidentiality, each person will assign themselves a pseudonym for the interviews and surveys will be completed anonymously. There will be no documents or lists that contain identifying information other than the pseudonyms. As data is collected, it will be entered into password protected files on password protected computers. The researchers and the faculty supervisor will be the only individuals with knowledge of the passwords and access to the information. Before analyzing the data, any potential identifiers will be eliminated from all of the documentation.

Program Proposal

Program Goals and Objectives

Logic Model

A logic model serves as a visual representation and systematic framework that articulates the key components, relationships, and expected outcomes of a program or initiative, providing a roadmap for planning, implementation, and evaluation for the program (Appendix C). The population for this project are students in middle and high school who have experienced two or more ACEs.

Group Therapy for Resilience Building

The intervention consists of Group Therapy sessions, each lasting 50 minutes long, held over a 12-week period at each four schools. This will be facilitated by one therapist at each school to administer the group therapy. There will be music, physical education, and art therapy

groups consisting of 7 students each. A PE teacher will assist the therapist with the physical education group. Each semester there will be new groups developed based on the school social workers referrals.

The outputs are the group therapy sessions and the 7 students that will be a part of each group. The group therapy sessions short term goal aims to enhance well-being, improve coping skills, and increase emotional resilience among participating students. Throughout the sessions, students will be able to learn, practice and implement coping skills and strategies to help with stress and anxiety. These skills will also be implemented with academic success skills.

Within the program year, the intermediate outcomes involve observable changes in participating students, such as improved interpersonal relationships, increased attendance, and enhanced academic performance. These milestones directly result from the therapeutic interventions, demonstrating the effectiveness of the program in addressing mental health needs and contributing to academic success.

In the longer term, the end outcomes focus on sustained improvements in academic achievement and overall well-being. Participants are expected to graduate with improved grades and possess enhanced coping mechanisms, contributing to their long-term success.

Resources Fair

The service entails organizing a semi-annual Resource Fair for families within the Hamilton County School District, featuring 30 mental health providers focusing on Adverse Childhood Experiences (ACEs) vendors. The event, managed by 10 volunteers, aims to raise awareness of available mental health resources and support within the community. The fair will include community engagement, informational tables with relevant materials, seating arrangements, and signs to guide attendees. Volunteers will be responsible for facilitating the

event, and a sign-up sheet will be available for participant tracking.

The outputs of the Resource Fair include increased community awareness of mental health resources, engagement with 30 ACEs-targeted mental health providers, and the dissemination of information to families. The event's success is measured by the number of volunteers actively participating and the completion of the sign-up sheet, reflecting community interest and attendance.

Within the program year, intermediate outcomes involve increased knowledge and utilization of mental health resources among community members. Attendees are expected to establish connections with mental health providers, leading to an enhanced understanding of ACEs and the available support. Intermediate outcomes serve as benchmarks for the fair's effectiveness in promoting mental health awareness and community engagement. Behaviors due to mental health issues will decrease in the middle and high school students in the Hamilton County School District with the access of more mental health resources.

In the long term, the end outcomes focus on improved mental health outcomes for families within the Hamilton County School District. Increased awareness and utilization of mental health resources are expected to contribute to a healthier community, with families better equipped to address ACEs and related challenges. This will lead to the students successfully graduating.

Objective Statement

Among the 250 identified students, 112 students will engage in resilience building group therapy, art therapy, music therapy, or physical education therapy at their school location and 70% will improve their grades. This will lead to academic success and increase the number of students who will qualify for graduation.

Among the 250 identified students, 75 students and families attend the resource fair with 30 mental health vendors in attendance and 40 percent of students will show a decrease in behaviors due to mental health issues. This will lead to an increase in students that qualify for graduation due to getting the mental health resources needed for the families and the students.

Stakeholder Analysis

Analyzing the stakeholders of this program is a crucial process in project management and strategic planning that involves identifying and assessing the interests, influence, and impact of various individuals, groups, or entities involved in and affected by this program. The Stakeholder Analysis Matrix is a valuable tool that provides a structured framework for organizing and evaluating this information (Appendix A). Through this comprehensive approach, the program will be able to navigate with greater clarity and ensure that the interests of all stakeholders are appropriately considered.

Parents/Guardians

Parents/guardians are stakeholders in the project. This group consists of parents/guardians of Hamilton County School District, Hamilton County PTA, Hamilton County PTA Council, Tyner Community PTA, Band Boosters and Football Boosters at the Red Bank and Central High School, and Orchard Knob Community PTA.

Their main focus of this stakeholder group is school performance and student success. These stakeholders may be fearful that this program may take away instructional time or monies away from the area that they are focused on. However, they may expect that this program will provide needed support to the students. This would help increase the school grade due to the improved student success.

The potential impact from this stakeholder group is critical. If this program does not have the buy-in from these stakeholders, the program will not get the parental/guardian needed to conduct the research. The program may also get derailed if this stakeholder group does not approve of the intervention. It is critical to involve this stakeholder group in the planning of this program. Angela Sparks will meet with this stakeholder group to involve them in the planning and also monthly to keep them informed of the progress since the group is critical to the success of the project.

Staff of Hamilton County School District

Staff of Hamilton County School District are also stakeholders in the program. This group consists of teachers/staff within the Hamilton County School District, Hamilton County School District administration and board members, and teachers/staff/administration from the following schools: Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School.

The main focus of this stakeholder group within the teaching staff is professional development, grades and school success of the students, maintaining a classroom culture that is conducive to learning, and having the teaching tools and resources necessary to teach students. The teaching staff may be fearful that this program will add to their load and interrupt their instructional time. However, they may expect that their students may start improving their grades and end up having a classroom more conducive to learning.

Within the administration staff, the main focus is the schools overall academic performance, having a school environment conducive to learning, and attendance of students. The administration staff may be fearful that the program will be time consuming and also anger

certain parents. However, the staff may expect that the program will shine a light on the areas that need improvement and then in turn help the school succeed more.

Within the Hamilton County School District School Board, the main focus is the creation of relevant policies for the schools to succeed and the district's academic performance. The school board may be fearful that the parents/guardians, PTAs, or trustees may complain about the program. However, the school board may also expect that the program will create an opportunity for police change and also an improvement for school performance.

The potential impact from this stakeholder group is critical. If this group has any resistance to the program or hesitation due to any item listed above, the program runs the risk of not being approved. It is critical to involve this stakeholder group in the planning of this program. Since this stakeholder group is critical to the success of the program, Richard Thomas will have meetings to inform the school board and administration concerning the ways the program could benefit the school district and collaborate with the staff as to when it is best to pull students for the intervention.

Students

Students of Hamilton County School District are stakeholders in the program. This group consists of students at Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School who are stakeholders in this program.

The main focus of this stakeholder group within the middle schoolers is that their interests revolve around friends, transitioning to high school, extracurriculars, and staying on top of trends. Within this group, middle schoolers may not care as much about the program. However, the middle schoolers could care about the program if they think that it could help a friend that is struggling in school or if fun programs sprout off from the intervention.

The main focus of this stakeholder group within the high schoolers are academics, college scholarships/acceptances, friends, extracurriculars, and staying on top of trends. High schoolers will be more accepting of this program. They may also expect that the program will be great and will potentially help their friends and/or themselves.

The potential impact from this stakeholder group is critical due to this program being aimed to benefit them and their educational journey. Without the students, the program would not be necessary. It is critical to involve this stakeholder group in the planning of this program. Since this stakeholder group is critical to the success of the program, Abby Segovia-Santos will keep the students informed on the process and outcome of the program and remind them that this is to benefit them and/or their friends that are struggling academically.

Mental Health Providers

Mental Health providers are a stakeholder group in the program. This group consists of mental health providers within Hamilton County that provide mental health services to the schools. McNabb, Centerstone, and Mental Health Association of Tennessee are those providers.

The main focus of this stakeholder group is that they potentially partner with the program to provide the mental health intervention of the program. The group may fear that this program will duplicate the services that their agency already provides. However, they may expect a partnership with the program to provide additional interventions that they do not currently provide.

The potential impact from this stakeholder group is medium, except for the Mental Health Association of Tennessee. The Mental Health Association of Tennessee is providing the funding for the research for the program, so they are critical to the impact and success of the program. Amber Vaudreuil will keep the mental health providers informed since this group is a

medium priority to the success of the program, except for the Mental Health Association of Tennessee. For this group, Amber Vaudreuil will include them in the planning process and keep them informed.

Power/Influence Grid

The stakeholder groups of the staff of Hamilton County School District, the Mental Health Association of Tennessee, parents/guardians, and the high school students are of high power and high interest on the Power and Influence Grid (Appendix B). Due to their position on the grid, these stakeholder groups should be managed closely. The middle school students are on the high power but low interest on the Power and Influence Grid. Due to their position, this group should be kept satisfied. The mental health provider stakeholders should be kept informed due to being on the high interest but low power on the Power and Influence Grid.

The stakeholders will be accessed in a variety of ways. The staff of Hamilton County School District will be invited and asked to attend regular meetings during the planning process. Local mental health agencies will be asked to complete surveys to determine services they provide, while the Mental Health Association of Tennessee will also be asked to attend meetings in addition. The parents/guardians and students will be asked to participate in an interview and survey.

For parents initially it will be letters sent home for the students that require consent. For the teachers, staff, and the admin addressing them at meetings, or interpersonally at each school will help foster collaboration. Once in the project sending emails keeping them informed as to what is needed (location and or time wise) through email, will be best. Students will be engaged primarily interpersonally, with some email engagement as needed.

Stakeholders Negative Views

The primary stakeholders that could have negative views on the project would be parents and students. Parents with negative cultural views toward mental health interventions could oppose the project completely and this could cause a rally of parents to come together to oppose the project. To address this situation from happening, a consent form will be sent to parents asking for permission to include their students in this project. An informative meeting will also take place to inform parents about what the project's goals are and to answer and address any concerns they may have. Students are the other group that could have a negative view on the project and their opposition to participate affects the purpose of the project. Without students wanting to participate it is difficult to implement an effective project. Creating a process of implementation that includes students and keeps them updated on everything, so that they can see the ongoing process is a way to make them feel included in something made for them. Keeping students informed about risks, benefits, and goals so that they may make informed decisions about wanting to participate. Making sure there are incentives throughout the process will also help with encouraging them to participate.

SWOT Analysis

Strengths

There are strengths in this program to help it succeed. One of those strengths is that the program will utilize the school building facilities during school hours to implement the mental health intervention. Secondly, the current mental health workers, school social workers and/or the school counselors are already in existence and have the skills necessary to implement the needed intervention. Thirdly, the research funding from the Mental Health Association of Tennessee and grant monies will assist in implementing the program. Lastly, the motivation and skills of the researchers and developers of the program will ensure the success of the program.

Weaknesses

A potential weakness for the program is the availability of financial resources. The program will be provided through a non-profit agency that relies partially on grants, therefore there is the potential that funding may be insufficient at times.

Another potential weakness would be the lack of participants or access to participants. If the parents/guardians lack interest or buy-in for their child to participate, that will eliminate the ability for a student to be involved. If the parent/guardian is in agreement for the student to participate, but the student has apathy, there is a potential for an insufficient number of participants.

Opportunities

The Hamilton county school district has been making moves at creating trauma informed schools. Schools in the district have been receiving training from mental health professionals on how to be a trauma informed school, what ACE's are, and how to build resilient students. It will be an advantage for the program to operate within schools where teachers and staff are familiar with ACE's and trauma. Hamilton county schools have also implemented Student Success Planning (SSP) teams in all the schools with the sole purpose of identifying and organizing support for struggling students. While the SSP model is still new, the staff that put time into will be an opportunity for the program to have those in place that will continue the support once the program is complete. The School-Based Healthcare Solutions Network (SBHSN), is a private grant organization that will give funds to support the expansion of mental and behavioral health programs in schools of need. This could be an organization to reach out to for future funding.

Threats

There are several threats to the program that could affect its success and limit the productivity of what it is trying to achieve like competing programs, other specialists, school counselors, finances, and lack of student participation. Competing programs and specialists within the school setting that are trying to achieve similar goals with academic achievement with a different approach could harm how many students participate in our study and program. This is a threat to our participant count and can be a threat to the support we have from parents.

Another threat that could arise is if teachers and staff are not adequately trained to use and support the program, it may lead to ineffective implementation and a lack of enthusiasm. High turnover rates among teachers and staff can disrupt the continuity of the program, as new personnel may need time to adapt and get involved or trained. Stakeholders, including teachers, staff, or students, may resist the changes associated with the new program, leading to implementation challenges. Insufficient support or engagement from key stakeholders could hinder the successfulness of the program.

An economical threat that could arise is reduced funding or budget constraints that may limit the professionals involved or resources available for the program implementation, affecting its effectiveness. Economic downturns or changes in funding at the local or national level may impact the organizations funding for the implementation of this program and could impact future work with these schools if the program was not fully implemented due to lack of funding.

Technical glitches, software bugs, or other unforeseen technological issues may disrupt the smooth operation of the program. Scheduling for therapists and counselors, constant communication, and visual aids during group sessions are the aspects of the program that will be needing technology. Without technology, communication is hindered and could hinder the strength of our program for the time that the technology is not functioning.

By being intentional with the networking opportunities, building a rapport, and collaborating with the stakeholder groups, the program will be strengthened to help ensure the success of the program. While using current mental health providers and staff to implement the intervention, the program will start off with the participants having strong bonds with the providers and lessen the time lost due to the building of new relationships. Those connections would be strengthened for future use. Keeping documentation of the cultural, socioeconomic factors, will make reviewing that information easier for future use or application in a future project.

To address potential financial concerns, a detailed budget will be put into place and followed closely. A designated member of the team will be assigned to researching grants that the program would be appropriate for and those will be applied for. To increase parent/guardian and student buy-in, there will be opportunities for these groups to attend an informational meeting and meet with providers to build and strengthen rapport. Students will also be offered Krispy Kreme donuts as an incentive to participate. The program providers will also attempt to reach out to the entire student body in an effort to maximize participation.

Using teachers and staff members present knowledge of trauma informed care and ACE's will be a helpful opportunity for the program to collaborate without having to keep explaining. The SSP team will be helpful in identifying students that could participate in the program. They could also be vital in program continuation and longevity. The SBHSN will be worth reaching out to to network with and to possibly get funds for the implementation of these programs.

To ensure successful implementation, despite potential threats, it is crucial to adopt a strategic and proactive approach. Fostering collaboration and open communication with competing programs and specialists, emphasizing the unique benefits of the initiative.

Implementing comprehensive training programs and ongoing professional development for teachers and staff to address potential issues arising from turnover and lack of enthusiasm. Creating training for teachers to know what to do in case of behavioral emergencies and making sure that it is an effective plan for all supporting staff within the school. Clear communication and stakeholder involvement are essential to mitigate resistance and build support. Diversifying funding sources, conducting cost-benefit analyses, and exploring partnerships to overcome budget constraints. Establish a dedicated technical support team and develop contingency plans to address potential technological issues. By incorporating these preventative strategies to address potential threats, the program can navigate challenges, enhance stakeholder buy-in, and ensure its long-term effectiveness.

Evaluation Plan

Measurement of the Outputs

For the measurement of the outputs, it will be important to track attendance for the group therapy sessions, and to the resource fair. At the beginning of each session students will sign in at a sheet available on the table each time. The sheet will have a space for their name, the time they arrived, and the date. The purpose for the “time they arrived” in space will be part of the evaluation of frequency and participation of group members. In other words how often group members show up and whether they come late or not.

For the resource fair there will be a sign in sheet at the entrance to the event with a space for the name of family or individual. There will also be a check out QR code as they exit where they can comment what booths they felt were helpful, and what resource or what need they would like to see met next time. This will help track how many families or individuals attended, while also providing feedback for future resource fairs to meet more needs.

Measurement of Intermediate Outcomes

In this data collection plan, the program includes the data source, instrument used for evaluation, who is collecting the data, where will be collected from, and how will the data be collected. The data collection plan our program will use to measure the intermediate outcomes will differ depending on which outcome is being evaluated. The program will evaluate the improvement in the middle and high students grades and behaviors due to mental health issues decreasing in the middle and high school students.

In evaluating the improvement in middle and high student grades that are in therapy, a professional team will conduct the evaluation. The students' grades will be the data source that will be used in the measurement of the intermediate outcomes. The student grades must have improved by 70 percent in six months for the program to meet its intermediate benchmark.

To determine if there has been a decrease in behaviors due to mental health issues in middle and high school students that attended the resource fair. A professional team will administer the first part of the Ohio Youth Problem, Functioning, and Satisfaction Scales when a student signs into the resource fair and will administer the same scale after six months. The data from the Hamilton County School Student Success Plan was pulled from before the resource fair and then six months after. These two combined data sources will be used to measure the intermediate outcome. The students' behaviors due to mental health issues will decrease by 40 percent by the end of six months in order for the program to meet its intermediate benchmark.

This step is essential in the evaluation plan since it lets us know if the program is progressing toward the long-term goals. The program may only be effective if the intermediate benchmarks are met. The program intervention will improve the students' academic success and decrease ACEs if the benchmarks are made.

Proposed Program Resources

Resources

Material Resources

For the groups there will be four counselors, in need of three private rooms with tables/desks and chairs. For the art therapy group they will need art supplies and sufficient tables and chairs. Paper and pencils, sensory fidgets, a laptop, a hdmi cable, a tv screen for videos, and a talking piece for the resilience therapy group. For the music therapy group an assortment of music supplies and the use of the band room. For the physical education group they will need the gym and use of workout mats, cones, and assorted sport equipment. For the resource fair thirty tables and a sufficient amount of chairs will be needed. The use of the gym and parts of the hallways will be needed. supplies to make posters, flyers and signs with the survey QR codes will be needed.

Staff and Volunteers Resources

For the four groups in the program there will be four counselors, and one Physical Education teacher to assist in the physical education therapy group. The counselors will be mental health professionals with certifications or training in the specific therapy they will be offering, so one hour of training will primarily be going over the data that supports the program, the goals for the program, and how to document. For twelve weeks there will be one fifty minute session per group. In total that will be six hundred minutes or ten hours of intervention. For the resource fair, ten volunteers will come one hour prior to vendors showing up to get instructions and begin setting up. Volunteers will get there at 3:30 pm and Vendors will begin setting up at 4:30 pm, and the doors will open at 5:30 pm and go till 7:00 pm.

Proposed Sustainability Plan

The program is utilizing a local mental health agency, which will aid in sustainability because they will help with providing staff and counselors to implement the program. Our program will be a line item in their budget, which will help with financial sustainability. In addition, the program will regularly seek and apply for relevant grants to increase funding. As the program is implemented and results show a positive impact, buy-in and support from the community should increase and could potentially result in more financial backing from the community. The Resource Fairs will also help spread awareness and increase buy-in. Hamilton County has 21 middle schools and 17 high schools, which provides a large number of students who can potentially benefit from the program. The large number and availability of students will also help to sustain the program as the need for the program will continue to be present.

Limitations

While the program aims to enhance academic achievement and well-being among students, there are limitations to be aware of that may impact the successful implementation of the program. Financial constraints pose a significant vulnerability, as the program relies on non-profit agency funding, which is subject to fluctuations and potential insufficiency. These economic uncertainties, such as reduced funding or budget constraints, may limit the professionals involved and resources available. Another limitation to the program is the level of participant engagement. This is critical for success because if there is parental reluctance or lack of student interest it will present challenges in garnering a sufficient number of participants. Inadequate training and high turnover rates among teachers and staff may impede effective implementation, requiring constant efforts to maintain enthusiasm and proficiency for the program. A threat that could arise creating a limitation is the other programs within the school environment, coupled with potential stakeholder resistance, diminishing the program's reach and

acceptance within the school. The program's success is contingent on widespread support from various stakeholders, and any lack of support could impede the program's intended outcomes. Acknowledging and addressing these limitations is crucial for a resilient and adaptable approach to the program's implementation, ensuring its sustained impact despite potential challenges.

Conclusion

Many children and youth experience traumatic events before high school graduation, impacting their resilience and their ability to excel. The goals of this proposed program is to provide therapies that address the ACE's middle and high school students have experienced, while fostering resiliency, promoting academic success. By offering therapy groups with interventions of music, art, and physical activity. This diverse range of interventions is a unique approach this program offers for addressing this need. The program also creates opportunities for families to attend resource fairs catered to addressing and offering support to those who have experienced ACE's. Plans for evaluation will be directed to tracking attendance to the activities and interventions offered, tracking grades, with the end goal being that students in the program qualify for graduation. Getting awareness for this program through community events will create networking opportunities to connect to potential program partners. This is a prevalent issue faced by many students at these grade levels. There is a need for a program that fosters resilience helping students excel in spite of the traumatic events they may have experienced. Creating within these students a resiliency that carries them forward to a brighter future.

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Appendix A
Stakeholder Analysis Table

Project Title: Resilient Futures: Excelling Beyond Childhood Adversity

Date: 11/5/2023

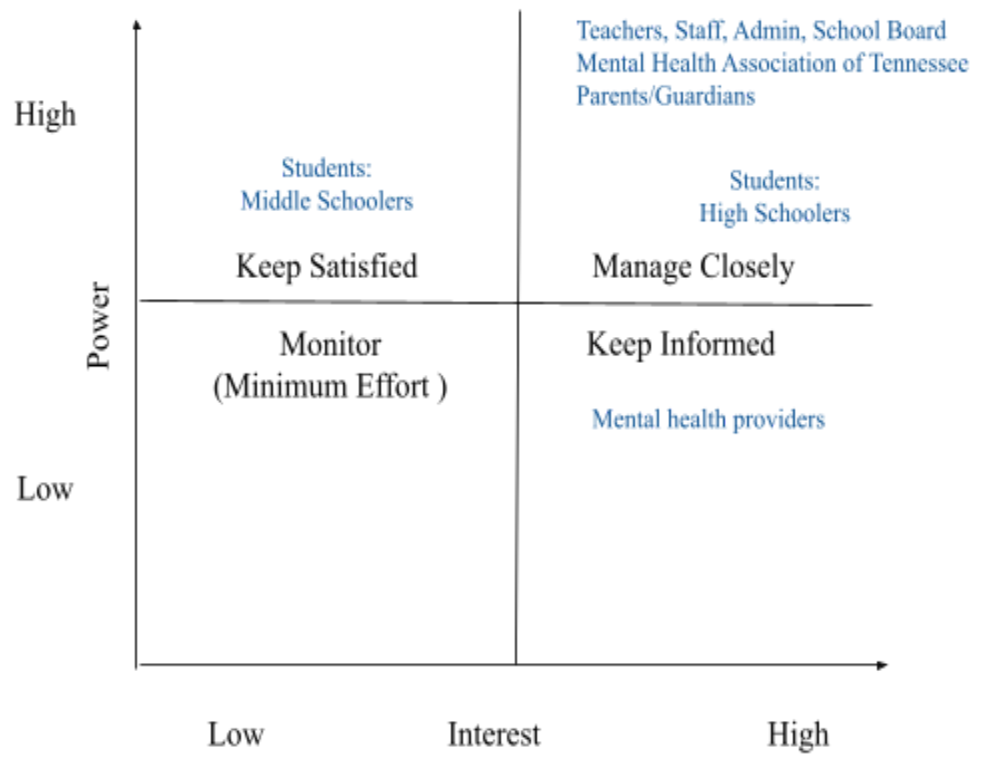
Group Members: Abigail Segovia-Santo, Angela Sparks, Richard Thomas, Amber Vaudreuil

Stakeholder	Characteristics	Main Interest	Fears and Expectations	Potential Impact	Priority	Recommendations	Responsibility
<i>Identity of individual or group/s.</i>	<i>What sort of person or group are they?</i>	<i>What are their main interests and/or motivations?</i>	<i>What is their potential reaction to the project? What do they expect from the project?</i>	<i>How important is their impact on the project? (low, med, high, critical)</i>	<i>Rank the importance of the stakeholder to the success of the project (critical, high, med, low).</i>	<i>Implications for your project planning. (e.g. keep informed, involve in planning, etc.)</i>	<i>Who in your cohort will implement the recommendations?</i>
Parents/guardians	Parents/Guardians of students in Hamilton County School District; Hamilton County PTA Council; Tyner Community PTA; Band Boosters, Football Boosters at Red Bank and Central High School; Orchard Knob Community PTA	School performance, student success	Fear-this could take instructional time or monies away from their area Expectations-provide support for students to succeed; increase school grade due to improved student success	Critical-If we do not have their buy-in, we will not get the parental approval to research; they could also not approve of the intervention and set up a campaign to derail it.	Critical	Involve in planning and keep informed monthly	Angela Sparks
Teachers, Staff, Admin, School Board	Teachers, Staff, and Admin at: Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School Hamilton County School District: Board members	Teachers and staff: Professional Development, grades and student success, classroom culture, teaching tools and resources Admin: Graduation numbers, attendance, the school's overall academic	Fears that the program will inevitably add to their load and interrupt instruction. An expectation that the program will improve student grades and create a conducive classroom environment for learning. Fears that it will be time consuming, and that it will anger certain parents. Expectation that it could at least shine light on areas in need of improvement	Critical: If those that are required to approve the program have resistance or hesitation from any one on this list, it could mean not being able to do the program at that school, or in the district.	Critical	Inform the school board and admin what ways it could benefit the school in the long term. Collaborate with teachers and staff to find the best periods to pull students out of.	Richard Thomas

		<p>performance, school environment</p> <p>School Board: Creation of relevant policies, and the districts academic performance</p>	<p>Fears that parents, PTA, or trustees may complain. An expectation that it will create an opportunity for policy change or amendment and/or improvement for school performance.</p>				
Students	<p>Students at Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School</p>	<p>Middle school students' interests revolve around friends, transition to high school, extracurriculars, and staying on top of trends.</p> <p>High school students' main interests are academics, college scholarships/acceptances, friends, extracurriculars, and trends.</p>	<p>Middle schoolers will probably not care as much about the project. Could also care about it if it is something that can help a friend they have that is struggling in school. They would probably expect fun programs to sprout from this.</p> <p>Highschoolers will be more accepting of this program, especially with the awareness they have that revolves around mental health. They are probably expecting great programs that will be able to help their friends and themselves.</p>	<p>Their impact is critical to the program because it is aimed to benefit them and their educational journey. without the students the program would not be necessary.</p>	Critical	<p>Keeping students informed on the process and outcome that we are hoping to get and reminding them that this is to benefit them or some of their friends that may be struggling with academics.</p>	<p>Abigail Segovia Santos</p>
Mental health providers	<p>Providers within Hamilton County that provide mental health service; McNabb, Centerstone, Mental Health Association of TN</p>	<p>Potentially partnering to provide services</p>	<p>Potential fear might be that they see this as a duplication of a service that their agency already provides. An alternate view might be that they would expect to partner on the project to provide services.</p>	<p>Med</p> <p>Critical for Mental Health Association of Tennessee since they are supplying the funding for the research.</p>	<p>Med</p> <p>Critical for Mental Health Association of Tennessee</p>	<p>Keep these stakeholders informed. Include Mental Health Assoc. of TN in the planning process.</p>	<p>Amber Vaudreuil</p>

Appendix B

Stakeholder Power-Interest Grid



Appendix C

Logic Model

Program Title: Resilient Futures: Excelling Beyond Childhood Adversity

Statement of Problem: Many children and youth experience traumatic events before high school graduation, impacting their resilience and their ability to excel. The social problem to be tackled is the impact of ACE's on students' academic performance. Introducing a program with interventions that address emotional responses, offer coping skills, education, and resources that positively affect their academic future.

Inputs	Outputs		Outcomes		
	Activities □	Participants	Short Term	Medium Term	Long Term
Budget 10 Volunteers 4 Counselors 1 Physical Ed Teacher Supplies and Materials Time Technology Location	All groups once a week for 12 weeks, 50 Min sessions	7 Students at each of the 4 school	Students participate in the program	70% of the 125 students will show an improvement in grades	Qualify for graduation
	Group Therapy for Resilience Building	7 Students at each of the 4 schools			
	Art Therapy	7 Students at each of the 4 schools			
	Music Therapy	7 Students at each of the 4 schools			
	Physical Education Therapy	7 Students in each of the 4 schools			
	Resource Fair	75 Students and Families	Each family group that attends will visit at least five vendor booths.	40% of the 75 students' behavior reduction due to mental health issues will decrease in the middle and high school students in the Hamilton County School District.	Qualify for graduation

Appendix D

Survey

Demographics

1. How old are you? _____
2. What grade are you in? _____
3. What school do you attend? _____
4. Sex:
 - Male
 - Female
 - Other
 - Prefer not to answer
5. What is your race?
 - Asian
 - White
 - African American
 - Native Indian/Alaskan Native Hawaiian/Pacific Islander
 - Other _____
6. What is your ethnicity?
 - Hispanic
 - Non- Hispanic
7. Have you been diagnosed with a mental health disorder?
 - Yes
 - No
 - Prefer not to answer
8. Have you ever received mental health services?
 - Yes
 - No
 - Prefer not to answer
9. Do you have a hard time paying attention in class?
 - Yes
 - No
 - Prefer not to answer
10. Do you have enough time to finish school work?
 - Yes
 - No
 - Prefer not to answer

Assessments

Pediatric ACEs and Related Life Events Screener (PEARLS) Center for Youth Wellness and UCSF School of Medicine

At any point in time since you were born, have you seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by “OR.” If any part of the question is answered “Yes,” then the answer to the entire question is “Yes.”

1. Have you ever lived with a parent/caregiver who went to jail/prison?
2. Have you ever felt unsupported, unloved and/or unprotected?
3. Have you ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put you down?
5. Has your biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
6. Have you ever lacked appropriate care by any caregiver?
(for example, not being protected from unsafe situations, or not being cared for when sick or injured even when the resources were available)
7. Have you ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult?

Or have you ever seen or heard a parent/caregiver being slapped, kicked, punched, beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at you?

Or has any adult in the household ever hit you so hard that you had marks or were injured?

Or has any adult in the household ever threatened you or acted in a way that made you afraid that you might be hurt?
9. Have you ever experienced sexual abuse?
(for example, has anyone touched you or asked you to touch that person in a way that was unwanted, or made you feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with you)
10. Have there ever been significant changes in the relationship status of your caregiver(s)? *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

Add up the “yes” answers for this first section:

1. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school?
(for example, targeted bullying, assault or other violent actions, war or terrorism)
2. Have you experienced discrimination?
(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)
3. Have you ever had problems with housing?
(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)
4. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?
5. Have you ever been separated from your parent or caregiver due to foster care, or immigration?
6. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?
7. Have you ever lived with a parent or caregiver who died?
8. Have you ever been detained, arrested or incarcerated?
9. Have you ever experienced verbal or physical abuse or threats from a romantic partners? (for example, a boyfriend or girlfriend)

Add up the “yes” answers for the second section:

Ohio Youth Problem, Functioning, and Satisfaction Scales

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	NOT AT ALL	ONCE OR TWICE	SEVERAL TIMES	OFTEN	MOST OF THE TIME	ALL OF THE TIME
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew,	0	1	2	3	4	5

stealing)						
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total _____

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Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	EXTREME TROUBLE	QUITE A FEW TROUBLES	SOME TROUBLES	OK	DOING VERY WELL
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4

10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

(Add ratings together) Total _____

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The Child PTSD Symptom Scale (CPSS) – Part I

Below is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.

Please write down your most distressing event:

Length of time since the event:

0	1	2	3	
Not at all or only one time	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/almost always	

- | | | | | | |
|----|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | Having upsetting thoughts or images about the event that came into your head when you didn't want them to |
| 2. | 0 | 1 | 2 | 3 | Having bad dreams or nightmares |

3.	0	1	2	3	Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)
4.	0	1	2	3	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)
5.	0	1	2	3	Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat, heart beating fast)
6.	0	1	2	3	Trying not to think about, talk about, or have feelings about the event
7.	0	1	2	3	Trying to avoid activities, people, or places that remind you of the traumatic event
8.	0	1	2	3	Not being able to remember an important part of the upsetting event
9.	0	1	2	3	Having much less interest or doing things you used to do
10.	0	1	2	3	Not feeling close to people around you
11.	0	1	2	3	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)
12.	0	1	2	3	Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)
13.	0	1	2	3	Having trouble falling or staying asleep
14.	0	1	2	3	Feeling irritable or having fits of anger
15.	0	1	2	3	Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class)
16.	0	1	2	3	Being overly careful (for example, checking to see who is around you and what is around you)
17.	0	1	2	3	Being jumpy or easily startled (for example, when someone walks up behind you)

Part 2

Indicate below if the problems you rated in Part 1 have gotten in the way with any of the following areas of your life DURING THE PAST 2 WEEKS.

Yes No

18. Y N Doing your prayers
19. Y N Chores and duties at home
20. Y N Relationships with friends
21. Y N Fun and hobby activities
22. Y N Schoolwork
23. Y N Relationships with your family
24. Y N General happiness with your life

Appendix E

Interview Guide

Opening/Introduction: Good morning/afternoon/evening], my name is [name]. Thank you for taking the time for this interview. As you may recall from the survey, the purpose of this study is to learn more about how traumas and challenges that students have experienced have impacted their academic journey. Today's interview should take about 15-20 minutes. We want to remind you that your participation is voluntary. Some of these questions are personal and it is your right to refuse to answer if you so choose. Before we begin, I will need to obtain your signed consent before we can proceed. Do you have any questions about it? Whatever you share will be kept confidential unless it involves harm to yourself or others, specifically harm to another child or the elderly. With your permission, may we record this interview so that we can accurately reflect on what you have shared? Do you have any questions for me before we begin?

1. How has your experience in middle or high school been so far?
 - a. Can you tell me about your favorite and most challenging aspects of it?
 - b. What are some challenges you have faced that have made school a bit more difficult for you?
2. Sometimes, life can be tough outside of school. Without going into too much detail, can you share if you've faced any tough situations or challenges in your personal life that may have affected your time in school?
 - a. In what ways did this affect you academically?
 - i. Did your grades get lower or higher?
 1. How do you think that happened?
 - ii. Was it more difficult to make it to school?
 1. What made it difficult?
 - iii. Was it more difficult to focus or concentrate on school work or in class?
 1. What aspect made it difficult?
 - a. Thoughts? Nerves? Anxiety?...
3. What is something you do when you are experiencing challenges?
 - a. What do you do to relax? Destress? Lower anxiety?
 - b. What do you do when you get angry?
 - c. How would this affect your time in class?
4. Can you share any strategies or things you've tried that have helped you deal with stress, anxiety, or emotional difficulties while trying to do well in school?
 - a. Do you feel like they have worked well?
5. Do you ever feel like there's a stigma around talking about feelings or mental health issues in school or among your friends?
 - a. How does this affect your willingness to seek help or support?
 - b. If you could change something about how schools address the needs of students with tough life experiences, what would it be?
 - c. What kinds of support or resources do you think the school could provide to help students like you who have faced difficult situations outside of school?

Appendix F

Informed Consent and Assent Forms

Consent to Participate in a Research Study

1. KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY

Principal Investigator: Richard Thomas, MSW candidate, Southern Adventist University

Co-Investigator (s): Amber Vaudreuil, MSW candidate, Southern Adventist University

Co-Investigator(s): Abigail Segovia-Santos, MSW candidate, Southern Adventist University

Co-Investigator(s): Angela Sparks, MSW candidate, Southern Adventist University

Faculty Advisor: Laura Racovita, PhD., MSW, Southern Adventist University

Study Sponsor: Mental Health Association of Tennessee

Your child is invited to take part in a research study. This form contains information that will help you decide whether you want them to join the study.

1.1 Key Information

Things you should know:

- The purpose of the study is to provide information about if mental health interventions would help in students that have two or more adverse childhood experiences would help improve a student's academic success.
- If you choose to let your child participate, they will be asked to fill out a survey and may be chosen for an interview. This will take approximately one hour.
- Risks or discomforts from this research may cause triggers of PTSD, anxiety, emotional distress, sadness, and/or anger.
- The direct benefits of your child's participation are that a program may be formed to help your student improve their academic success.

Taking part in this research project is voluntary. You do not have to agree to your child's participation and you can stop them at any time. Please take time to read this entire form and ask questions before deciding whether to agree to your child's participation in this research project.

2. PURPOSE OF THIS STUDY

We know that children that have experienced trauma or who have two or more adverse childhood experiences struggle with school success, brain development, and mental health. However we do not know if mental health interventions increase school success.

3. WHO CAN PARTICIPATE IN THE STUDY

3.1 Who can take part in this study? We are including middle and high school students within the Hamilton County School district that attend these schools: Tyner Middle School, Orchard Knob Middle School, Red Bank High School, and Central High School.

3.2 How many people are expected to take part in this study? We are expecting approximately 250 students to participate in this study.

4. INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to your child in this study?

- The research will take place at the student's assigned middle or high school during the school day.
- The surveys will be administered first and then students may be asked to participate in an interview.
- Data will be collected from the surveys, interviews, and student success plans.
- The students will assign themselves a name for the surveys and interviews. This name will be used in the research instead of identifiable information.
- The students will be asked about any childhood trauma experiences such as: "Do you ever feel that you did not have enough to eat?"; "Have you ever been involved in a fight?"; "Do you have trouble concentrating at school?".

4.2 How much of my child's time will be needed to take part in this study? Participants will be asked to take one survey. The survey is expected to take about thirty minutes. The student may be asked to participate in an interview that is expected to take thirty minutes.

5. INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will my child face by taking part in the study? What will the researchers do to protect my child against these risks?

Psychological risks or discomforts from this research may cause triggers of PTSD, anxiety, emotional distress, sadness, and/or anger.

The researchers will try to minimize these risks by having mental health resources available to students that show signs or let us know that they need mental health counseling.

Your child does not have to answer any questions they do not want to answer.

5.2 How could my child benefit if my child takes part in this study? How could others benefit?

Your child may not receive any personal benefits from being in this study. However, others may benefit from the knowledge gained from this study.

6. ENDING THE STUDY

6.1 If I want my child to stop participating in the study, what should I do?

Your child is free to leave the study at any time. If your child leaves the study before it is finished, there will be no penalty to you or your child. If you decide to have your child leave the study before it is finished, please tell one of the persons listed in Section 9. “Contact Information”. If you choose to tell the researchers why your child is leaving the study, your reasons may be kept as part of the study record. The researchers will keep the information collected about your child for the research unless you ask us to delete it from our records. If the researchers have already used your information in a research analysis it will not be possible to remove your information.

7. FINANCIAL INFORMATION

7.1 Will my child or I be paid or given anything for my child taking part in this study? Your child will receive Krispy Kreme donuts for participating in the study.

8. PROTECTING AND SHARING RESEARCH INFORMATION

8.1 How will the researchers protect my child’s information? The research data will only include the pseudonym that the student gives the researchers. All identifiable information will be kept by the researchers under lock and key.

If required by local or state law, we will report to the appropriate authorities in specific cases, such as if we learn of abuse, neglect or endangerment of any vulnerable person.

8.2 Who will have access to my child’s research records?

There are reasons why information about your child may be used or seen by the researchers or others during or after this study. Examples include:

- University, government officials, study sponsors or funders, auditors, and/or the Institutional Review Board (IRB) may need the information to make sure that the study is done in a safe and proper manner.
- Federal or State law may require the study team to give information to government agencies. For example, to prevent harm to your child or others, or for public health reasons.

8.3 What will happen to the information collected in this study?

We will keep the information we collect about your child during the research for future research projects/for study recordkeeping. Your child’s name and other information that can directly identify your child will be stored securely and separately from the research information we collected from your child.

The results of this study could be published in an article or presentation, but will not include any information that would let others know who your child is.

8.4 Will my child's information be used for future research or shared with others?

We may use or share your child's research information for future research studies. If we share your child's information with other researchers it will be de-identified, which means that it will not contain your child's name or other information that can directly identify your child. This research may be similar to this study or completely different. We will not ask for your additional parental permission for these studies.

9. CONTACT INFORMATION

Who can I contact about this study?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures
- Report an illness, injury, or other problem (you may also need to tell your child's regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: Richard Thomas

Email: richardthomas@southern.edu

Phone: 864-270-1892

Faculty Advisor: Dr. Laura Racovita

Email: racovita@southern.edu

Phone: (423) 236-2638

If you have questions about your child's rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Southern Adventist University
 Institutional Review Board (IRB)
 PO Box 370
 Collegedale, TN, 37315-0370
 Telephone: 423.236.2085
 E-mail: cte@southern.edu

10. YOUR CONSENT

Parental Permission

By signing this document, you are agreeing to your child's participation in this study. Make sure you understand what the study is about before you sign. We will give you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree for my child to take part in this study.

Print Participant Name

Print Parent Name

Signature

Date

Assent to Participate in a Research Study

“What are the Mental Health Needs of Students to Achieve Academic Success”

Principal Investigator: Richard Thomas, MSW candidate, School of Social Work, Southern Adventist University

Co-Investigator: Amber Vaudreuil, MSW candidate, School of Social Work, Southern Adventist University

Co-Investigator: Abigail Segovia-Santos, MSW candidate, School of Social Work, Southern Adventist University

Co-Investigator: Angela Sparks, MSW candidate, School of Social Work, Southern Adventist University

Overview and purpose

We are asking you to be part of a research study that will look to see if mental health interventions will help students that have two or more adverse childhood experiences have more academic success. We contacted your family because you are in middle or high school. We plan to ask 250 children in middle and high school to participate in our research. This study is funded by the Mental Health Association of Tennessee.

Description of your involvement

If you agree to be part of this study and at least one of your parents gives permission, you will fill out a survey and may participate in an interview. The survey and interview will take about one hour. We would like to audiotape the interview to make sure that our conversation is recorded accurately, but you can still be part of the study if you don't want to be audiotaped.

Voluntary nature of the study

Participating in this study is completely voluntary. Even if your parents say you can participate, you do not have to do so. You may change your mind and stop at any time. You may also choose to not answer a question for any reason.

Benefits

While you may not receive a direct benefit from participating, others may benefit from the knowledge obtained in this study.

Risks and discomforts

Answering questions about any trauma you may have experienced may cause you to have anger, PTSD, sadness, or anxiety. If you have any of these responses or do not want to answer, please let the researcher know. We will also have mental health resources if you need to use one.

Compensation

You will receive Krispy Kreme donuts for participating.

Confidentiality

We plan to publish the results of this study, but will not include any information that would identify you. To keep your information safe, the audiotape of your interview will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. As soon as this process is complete, the tapes will be destroyed. The researchers will enter study data on a secure university server. To protect confidentiality, your real name will not be used in the written copy of the discussion.

There are some reasons why people other than the researchers may need to see information you provided as part of the study. This includes organizations responsible for making sure the research is done safely and properly, including Southern Adventist University, government research offices, or the study sponsor, Mental Health Association of Tennessee. Also, if you tell us something that makes us believe that you or others have been or may be physically harmed, we will need to report that information to the appropriate agencies.

We may use or share your research information for future research studies. If we share your information with other researchers it will be de-identified, which means that it will not contain your name or other information that can directly identify you.

If you have questions about this research:

Contact: Richard Thomas

Telephone: 864-270-1892

E-mail: richardthomas@southern.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Southern Adventist University

Institutional Review Board (IRB)

PO Box 370

Collegedale, TN, 37315-0370

Telephone: 423.236.2085

E-mail: cte@southern.edu

Assent

By signing this document, you are agreeing to be in the study. We will give you a copy of this document and will keep a copy in our study records. Be sure that we have answered your questions about the study and you understand what you are being asked to do. You may contact the researcher if you think of a question later.

I agree to participate in this study.

Signature

Date

Printed Name

Appendix G

IRB Form

RESEARCH APPROVAL
 NOT REQUIRED FOR
 LITERATURE REVIEW OR ACADEMIC EXERCISE

IRB Tracking #	2022-2023-Reserved for IRB Committee	
Date of Approval:	Reserved for IRB Committee	
Research Request:	<input type="checkbox"/> Exempt <input type="checkbox"/> Expedited	<input type="checkbox"/> Full Review <input type="checkbox"/> Animal/P
Type of Research (Check all that apply)	<input type="checkbox"/> DNP SCHOLARLY PROJECT <input checked="" type="checkbox"/> GRAD. STUDENT RESEARCH <input type="checkbox"/> UNDERGRAD. STUDENT RESEARCH <input type="checkbox"/> THESIS	<input type="checkbox"/> APPLYING FOR FUNDED FACULTY RESEARCH <input type="checkbox"/> GENERAL FACULTY RESEARCH

1. RESEARCH PRINCIPLE INVESTIGATOR	
1.1. TITLE: Enter Research Project Title	

1.2. PRINCIPAL INVESTIGATOR:	CITI TRAINING ⁺	EMAIL ADDRESS:	PHONE #:	SCHOOL/DEPARTMENT:
Richard Thomas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	richardthomas@southern.edu	864-270-1892	School of Social Work
Co-INVESTIGATOR:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	FACULTY SUPERVISOR:
Amber Vaudreuil		amberv@southern.edu	423-463-8557	Dr. Laura Racovita
Co-INVESTIGATOR:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	STARTING DATE:
Abigail Segovia-Santos		sabby@southern.edu	720-308-2151	10/01/2023
Co-INVESTIGATOR:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	EMAIL ADDRESS:	PHONE #:	ESTIMATED COMPLETION DATE:
Angela Sparks		angelasparks@southern.edu	850-368-7624	12/08/2023

 MORE CO-INVESTIGATORS. LIST THEIR NAMES, EMAILS,
 PHONE NUMBERS, AND CITI TRAINING COMPLETION

[List Names, emails, & phone numbers here](#)

1.3. IS THIS RESEARCH BEING DONE WITH ANY INSTITUTIONS, INDIVIDUALS, OR ORGANIZATIONS NOT AFFILIATED WITH SAU? If yes, please provide information of authorized officials below	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

NAME OF INSTITUTION: Enter Name of Institution			
ADDRESS: Street	CITY: City	STATE: Choose	ZIP CODE: ZIP Code
CONTACT NAME: Full Name	POSITION: Position Title	EMAIL ADDRESS: Email Address	PHONE #: Phone Number
EXTERNAL FUNDING AGENCY: Name of Agency	IDENTIFICATION # (if applicable): Identification #		GRANT SUBMISSION DEADLINE (if any): Date

1.4. APPLICATION CHECKLIST. ATTACH (INSERT OR PASTE) ALL CHECKED ITEMS TO SECTION #9 (CHECK ALL THAT APPLY)

RESEARCH INSTRUMENTS:	<input checked="" type="checkbox"/> TESTS <input checked="" type="checkbox"/> SURVEYS <input type="checkbox"/> QUESTIONNAIRES <input type="checkbox"/> PROTOCOLS <input checked="" type="checkbox"/> OTHER FORMS ELSE USED TO COLLECT DATA
<input checked="" type="checkbox"/> INFORMED CONSENT DOCUMENTS	
<input checked="" type="checkbox"/> PERMISSIONS FROM APPLICABLE AUTHORITIES (such as principals of schools, teachers of classrooms, etc. to conduct your research at their facilities on their Letterhead)	
<input checked="" type="checkbox"/> RECRUITING MATERIALS AND TEXT OF E-MAIL OR WEB-BASED SOLICITATIONS	
<input checked="" type="checkbox"/> ALL LINKS AND/OR QR CODES MUST BE ATTACHED AS COPIES	
SUBMIT via irb@southern.edu <input type="checkbox"/> Signed by the faculty advisor, then scanned and submitted <input type="checkbox"/> Submitted directly by the faculty advisor (no signature required)	

2. RESEARCH PROJECT DESCRIPTION

2.1. BACKGROUND AND RATIONALE FOR THE STUDY

This section should present the context of the work by explaining the relation of the proposed research to previous investigations in the field. Include citations for relevant research.

Before they graduate from high school, "the majority of children and youth will be exposed to at least one potentially traumatic event (Understanding Trauma and Its Impact, n.d.)". Children that have experienced trauma, a distressing event that causes an overwhelming emotional response affecting their ability to cope, are struggling academically and socially within a school environment (Understanding Trauma and Its Impact, n.d.). 32 percent of youth ages 14 to 17 have been victims of physical assault, 37 percent have witnessed violence, and 23 percent experience maltreatment (Understanding Trauma and Its Impact, n.d.). Negative effects of stress and trauma can affect a student's behavior, emotional welfare, academic progress, and health if they are not properly addressed. Witnesses and bystanders to traumatic situations may behave inappropriately or defiantly in school and may be disruptive or inattentive (APA, 2021). Students who have experienced trauma may also exhibit disruptions in their cognitive abilities, such as memory and concentration. According to the American Psychological Association, trauma can lower academic achievement, cause more students to miss school, increase the likelihood that students will drop out, and could fundamentally affect a child's ability to read (2021). Based on the information above we know the effects trauma can have on a child. The social problem that will be addressed is the effects of trauma on academic performance and addressing the immediate emotional responses and reactions that children are having in the school environment that are affecting academic performance.

Middle school and high school students in Tennessee experience crisis or trauma more than the average student (Tennessee Commission on Children and Youth, 2022). In Tennessee, 31.8 percent of adolescents reported having experienced at least one Adverse Childhood Experiences (ACEs) with 9.4 percent having experienced community-based trauma (Tennessee Commission on Children and Youth, 2022). In 2021, just over 20 percent of adolescents had a depressive episode (Drake & Panchal, 2023). A KFF study also showed that 12 percent of adolescents reported serious thoughts of suicide with 22 percent of high schoolers seriously considered suicide (Drake & Panchal, 2023). Tennessee Commission on Children and Youth 2022 report also shows that 14,386 students that attend public school are homeless, with 3.1 percent of those students living in unsheltered places. Adolescents reported that 1 in 10 had misused prescription drugs, 4 in 10 had drunk alcohol, and 1 in 5 had tried Marijuana (TN Department of Mental Health and Substance Abuse Services & EMT, 2020). In spite of these statistics, 56 percent of school districts in Tennessee had only one or even zero psychological staff (Tennessee Commission on Children and Youth, 2022).

References:

American Psychological Association. (n.d.). Students exposed to trauma. American Psychological Association. <https://www.apa.org/ed/schools/primer/trauma>

Drake, P., & Panchal, N. (2023, March 20). Mental Health in Tennessee. Mental health and Substance Use State Fact Sheets. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/tennessee/>

Safe Supportive Learning. (n.d.). Understanding Trauma and Its Impact . National Center on Safe Supportive Learning Environments. https://trauma.airprojects.org/trauma-epub/Trauma101_eresource-TEST-38.xhtml

Tennessee Commission on Children and Youth. (2022, December). Tennessee State Government. State of the Child 2022. <https://www.tn.gov/content/dam/tn/tccy/documents/StateoftheChild2022.pdf>

TN Department of Mental Health and Substance Abuse Services & EMT. (2020). 2018–2019 TN together student survey results. 2018-2019 TN Together. https://www.tn.gov/content/dam/tn/mentalhealth/documents/2018-2019_TN_Together_Report.pdf

2.2. PURPOSE/OBJECTIVES OF THE RESEARCH

Briefly state, in non-technical language, the purpose of the research and the problem to be investigated. When possible, state specific hypotheses to be tested or specific research questions to be answered. For pilot or exploratory studies, discuss the way in which the information obtained will be used in future studies so that the long-term benefits can be assessed.

Children that have experienced trauma or who have ACE's struggle with school success, brain development, and mental health. However, it is not known what mental health interventions are needed for students that have more than two ACEs to achieve academic success. This is an area that is important to the program proposal, and is in need for more exploration.

What are the mental health and intervention needs of students in the Hamilton County School District with two or more Adverse Childhood Experiences (ACEs) and in what ways does it impact academic success?

2.3. METHODS AND/OR PROCEDURES

Briefly discuss, in non-technical language, the research methods which directly involve use of human subjects. Discuss how the methods employed will allow the investigator to address his/her hypotheses and/or research question(s).

The researchers will utilize a mixed-methods research design. The research will include middle and high school students from Hamilton County School District. The researchers will use surveys to collect the data from the following assessments: Adverse Childhood Experience (ACEs), Child PTSD Symptom Scale (CPSS), Ohio Youth Problems, Functioning, and Satisfaction Scales and Trauma Exposure Checklist (TEC). The survey will also be utilized to ask questions about demographics of the students, impact on academics, and cognitive functioning. Interviews will be conducted to ask students further questions about traumas and challenges and how these issues have impacted their academic journey. Data from Hamilton County schools' Student Success Plan meetings and the Hamilton County District Report Card will be collected.

3. DESCRIPTION OF RESEARCH SAMPLE

3.1. **APPROXIMATE NUMBER OF SUBJECTS: 250 students; 10-15 interviews**

3.2. **TYPE OF HUMAN SUBJECTS THAT ARE INVOLVED:**

If human subjects are involved, check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> MINORS
<i>if minors are involved, attach a Childs Assent Form</i> | <input type="checkbox"/> HEALTH CARE DATA INFORMATION
<i>if this line is checked, attach any necessary HIPAA forms</i> |
| <input type="checkbox"/> PRISON INMATES | <input type="checkbox"/> VULNERABLE OR AT-RISK GROUPS <i>e.g. poverty, pregnant women, substance abuse population</i> |
| <input type="checkbox"/> MENTALLY IMPAIRED | <input type="checkbox"/> ANIMALS OR PLANTS |
| <input type="checkbox"/> PHYSICALLY DISABLED | <input type="checkbox"/> OTHER: Specify |
| <input type="checkbox"/> INSTITUTIONALIZED RESIDENTS | |
| <input type="checkbox"/> ANYONE UNABLE TO MAKE INFORMED DECISIONS ABOUT PARTICIPATION | |

3.3. **PARTICIPANT RECRUITMENT**

Describe how participant recruitment will be performed. Include how potential participants are introduced to the study.

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> SAU DIRECTORY | <input type="checkbox"/> WEB-BASED SOLICITATION
<i>List the site(s): Specify</i> |
| <input checked="" type="checkbox"/> POSTINGS, FLYERS | <input checked="" type="checkbox"/> E-MAIL SOLICITATION
<i>How addresses obtained: Hamilton County School District</i> |
| <input type="checkbox"/> RADIO, TV | <input checked="" type="checkbox"/> OTHER: Contact student support staff for recruitment |
| <input checked="" type="checkbox"/> PARTICIPANT POOL
Hamilton County School District middle and high school students | |

Attach any recruiting materials you plan to use at the end of the document.

4. CONTENT SENSITIVITY, PRIVACY, AND CONFIDENTIALITY	
<i>Efforts will be made to keep personal information confidential. We cannot guarantee absolute confidentiality. Personal information may be disclosed if required by law. Identities will be help in confidence in reports in which the study may be published and databases in which results may be stored</i>	
4.1. DOES YOUR RESEARCH ADDRESS CULTURALLY OR MORALLY SENSITIVE ISSUES? <i>If Yes, describe</i> ACEs, race/culture dynamics	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.2. WILL PERSONAL IDENTIFIERS BE COLLECTED? <i>If Yes, describe</i> Enter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4.3. WILL IDENTIFIERS BE TRANSLATED TO A CODE? <i>If Yes, describe</i> Participants will assign themselves a pseudonym during interviews and surveys	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.4. WILL RECORDINGS BE MADE (AUDIO, VIDEO)? <i>If Yes, describe</i> Audio recordings will be taken of the qualitative interviews	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.5. DOES YOUR RESEARCH INCLUDE ANY HUMAN HEALTH-RELATED INFORMATION? <i>If Yes, your research must address HIPAA requirements. Refer to the IRB Manual for more information</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4.6. HOW ARE YOU PLANNING TO PROTECT SENSITIVE/PERSONAL/HIPAA INFORMATION? <i>Please explain</i> Information will be stored in a password protected file on password protected computers.	<input type="checkbox"/> N/A
4.7. WHO WILL HAVE ACCESS TO DATA (SURVEY, QUESTIONNAIRES, RECORDINGS, INTERVIEW RECORDS, ETC.)? <i>Please list</i> The researchers and faculty supervisor will be the only individuals with access to this information.	
5. FUNDING, COSTS, AND PARTICIPANT COMPENSATION	
5.1. IS FUNDING BEING SOUGHT TO SUPPORT THIS RESEARCH? <input checked="" type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL <i>If Yes, describe</i> The researchers are seeking funds from Mental Health Association of Tennessee.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.2. IS THERE A FUNDING RISK? <i>If Yes, describe</i> Enter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.3. WHO WILL KEEP THE FINANCIAL RECORDS? Abigail Segovia-Santos	
5.4. ARE PARTICIPANTS TO BE COMPENSATED FOR THE STUDY? <input type="checkbox"/> AMOUNT \$ Enter \$ <i>If Yes, describe</i> <input type="checkbox"/> TYPE Donuts <input type="checkbox"/> SOURCE Krispy Kreme	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.5. WILL PARTICIPANTS WHO ARE STUDENTS BE OFFERED CLASS CREDIT? <i>If Yes, describe</i> Enter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.6. ARE OTHER INDUCEMENTS PLANNED TO RECRUIT PARTICIPANTS? <i>If Yes, describe</i> Enter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
5.7. ARE THERE ANY COSTS TO PARTICIPANTS? <i>If Yes, explain</i> Enter	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
6. ANIMALS/PLANTS	
6.1. ARE THE ANIMALS/PLANTS BEING STUDIED ON THE ENDANGERED LIST?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.2. ARE SCIENTIFIC COLLECTION PERMITS REQUIRED, I.E. TENNESSEE WILDLIFE RESOURCES AGENCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.3. HAVE THE ANIMAL(S) OF THIS STUDY ALREADY BEEN USED IN A PREVIOUS STUDY (NON-NAÏVE ANIMALS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.4. WILL THE ANIMAL(S) USED IN THIS STUDY BE USED IN A FUTURE STUDY?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.5. WHERE WILL THE ANIMALS BE HOUSED?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
6.6. WILL THE RODENTS (IF APPLICABLE) BE HOUSED IN WIRE BOTTOM CAGES?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

7. RISKS	
<p><i>Risk is any potential damage or adverse consequences to researcher, participants, or environment. These might include physical, psychological, social, or spiritual risks whether as part of the protocol or a remote possibility.</i></p>	
<p>7.1. ARE THERE ANY RISKS INVOLVED WITH THIS STUDY? If Yes, check all that apply</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p><input type="checkbox"/> PHYSICAL RISK <i>May include pain injury, and impairment of a sense such as touch or sight. These risks may be brief or extended, temporary or permanent, occur during participation in the research or arise after.</i> If Selected, describe <input type="text"/></p>	
<p><input checked="" type="checkbox"/> PSYCHOLOGICAL RISK <i>Can include anxiety, sadness, regret and emotional distress, among others. Psychological risks exist in many different types of research in addition to behavioral studies.</i> If Selected, describe If participants have experienced any adverse childhood experiences, some questions may cause triggers of PTSD, anxiety, emotional distress, sadness, anger</p>	
<p><input type="checkbox"/> SOCIAL RISK <i>Can exist whenever there is the possibility that participating in research or the revelation of data collected by investigators in the course of the research, if disclosed to individuals or entities outside of the research, could negatively impact others' perceptions of the participant. Social risks can range from jeopardizing the individual's reputation and social standing, to placing the individual at-risk of political or social reprisals.</i> If Selected, describe <input type="text"/></p>	
<p><input checked="" type="checkbox"/> LEGAL RISK <i>Include the exposure of activities of a research subject "that could reasonable place the subjects at risk of criminal or civil liability."</i> If Selected, describe The researchers are mandated reporters and must report abuse or self-harm.</p>	
<p><input type="checkbox"/> ECONOMIC RISK <i>May exist if knowledge of one's participation in research, for example, could make it difficult for a research participant to retain a job or find a job, or if insurance premiums increase or loss of insurance is a result of the disclosure of research data.</i> If Selected, describe <input type="text"/></p>	
<p><input type="checkbox"/> SPIRITUAL RISK <i>May exist if knowledge of one's spiritual beliefs or lack of, could be exposed which in turn could invoke an economic, social and or psychological risk.</i> If Selected, describe <input type="text"/></p>	
<p>7.2. IN YOUR OPINION, DO BENEFITS OUTWEIGH RISKS? If Yes, explain The benefits does outweigh the risk to determine the need among Hamilton County School District to address the mental health needs that ACEs create that impact academic success.</p>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>7.3. EXPLAIN HOW YOU PLAN TO MINIMIZE THE RISKS IDENTIFIED ABOVE We will refer any participant to the school mental health professional if they need emotional support. All information for the research study will be password protected. The participants will be only discussed by the number assigned and not by name.</p>	
8. RESULTS	
<p>8.1. HOW WILL THE RESULTS BE DISSEMINATED?</p> <p> <input type="checkbox"/> CLASSWORK ONLY <input type="checkbox"/> PUBLISHED ARTICLE <input type="checkbox"/> STUDENT CONFERENCE <input type="checkbox"/> PROFESSIONAL CONFERENCE <input checked="" type="checkbox"/> OTHER Hamilton County School District </p>	

Appendix H

Team CITI Training Certificates



Completion Date 19-Sep-2022
 Expiration Date N/A
 Record ID 51597141

This is to certify that:

Abigail Segovia

Has completed the following CITI Program course:

Responsible Conduct of Research
 (Curriculum Group)

Responsible Conduct of Research
 (Course Learner Group)

1 - RCR
 (Stage)

Not valid for renewal of
 certification through CME.

Under requirements set by:

Southern Adventist University

CITI
 Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w4f8611c1-cd92-4e75-87f4-ce2a12474bad-51597141



Completion Date 24-Sep-2023
 Expiration Date N/A
 Record ID 58173464

This is to certify that:

Amber Vaudreuil

Has completed the following CITI Program course:

Responsible Conduct of Research
 (Curriculum Group)

Responsible Conduct of Research
 (Course Learner Group)

1 - RCR
 (Stage)

Not valid for renewal of
 certification through CME.

Under requirements set by:

Southern Adventist University

CITI
 Collaborative Institutional Training Initiative
 101 NE 3rd Avenue, Suite 320
 Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w8a650cad-7b11-40fb-8c66-d40739bed66a-58173464



Completion Date 25-Sep-2023
 Expiration Date N/A
 Record ID 58221103

This is to certify that:

Angela Sparks

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research

(Curriculum Group)

Responsible Conduct of Research

(Course Learner Group)

1 - RCR

(Stage)

Under requirements set by:

Southern Adventist University

CITI
 Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
 Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?wda53a753-218f-4fdf-9b4f-ec68bb0b51ac-58221103



Completion Date 27-Sep-2023
 Expiration Date N/A
 Record ID 58387760

This is to certify that:

Richard Thomas

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research

(Curriculum Group)

Responsible Conduct of Research

(Course Learner Group)

1 - RCR

(Stage)

Under requirements set by:

Southern Adventist University

CITI
 Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
 Fort Lauderdale, FL 33301 US
www.citiprogram.org

Verify at www.citiprogram.org/verify/?w945361e6-cfd1-4e3c-8381-543214b5bf66-58387760