

CRE

Curriculum Research and Evaluation, Inc.

External Evaluation Report

Animating Learning by Integrating and Validating Experiences

A.L.I.V.E.

A program developed by

Foundation for the Arts and Trauma, Inc.

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Report Completed July 2015

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Executive Summary

INTRODUCTION

Animating Learning by Integrating and Validating Experience (A.L.I.V.E.) is a program of the Foundation for the Arts and Trauma, Inc., (The Foundation), the nonprofit arm of the Post Traumatic Stress Center (PTSC). Currently A.L.I.V.E. provides trauma-informed, prevention-based support to students in the New Haven, New Britain and Bridgeport Public Schools and includes work with students in Kindergarten through 12th grade. A.L.I.V.E. provides services to all students in some format but focuses on providing social and emotional support to students who face challenges in their personal lives that affect their behavior and progress in the classroom. Currently A.L.I.V.E. offers relational play sessions, one-on-one therapy, drama, and role-playing strategies in mandatory classes for high school freshmen, letter writing activities, parent activities, and classroom-focused discussions.

Research shows that childhood trauma can have an overwhelming impact on a student's ability to learn. By adopting a trauma-informed approach to address student need, adults working with students gain an understanding of the impact trauma can have on learning and the best practices that are most effective with students experiencing the consequences of trauma. These types of efforts have been shown to positively affect the academic lives of these students.

EVALUATION

The purpose of the evaluation is to determine from an external perspective the extent to which the A.L.I.V.E. program is having the desired effects and impacts on students, parents, teachers, and administrators. It seeks to identify program strengths and weaknesses and provide insights on actions to take to resolve program issues and sustain and improve program impacts.

FINDINGS

School Leadership

According to the school leadership, when students are engaged and focused, they can be held accountable for their own learning and they can meet these expectations. Programs, like A.L.I.V.E., give all students the opportunity to feel success as "in control" learners. Educators strive to give students the skills they need to be lifelong learners and should be equally concerned with giving them lifelong strategies for dealing with life issues. As such A.L.I.V.E. should be in all schools as an integrated part of the services provided to students to help them become self-sufficient adults.

Teachers

The A.L.I.V.E. program requires a change in mindset for teachers. It not just a new program to implement but a new way of thinking about student behavior and its impact on the learning and the student's overall well-being. Through the A.L.I.V.E. program, teachers have learned the questions they should be asking students and understand that they can and should ask direct questions. Teachers also recognize the need to acknowledge and validate student concerns and issues.

Community Members

Community members see A.L.I.V.E. as a vital part of the city of New Haven, with one high- ranking official stating, "If we are going to change the trajectory of the majority of students who are growing up in traumatic situations we need programs like A.L.I.V.E." All community members agree that no program can "save" every child but a program like A.L.I.V.E. can impact greater numbers of students in simpler and varied ways, making differences that are manageable, sustainable, and effective. A.L.I.V.E. does not "fix" students but gives them the skills and strategies necessary for navigating, coping, and effectively dealing with their life situations in ways that allow them to move forward as students and learners.

Clinicians

Every clinician agrees that "Everyone involved in this program is passionate about its potential to help students and to improve schools. We love what we do and take joy in the successes of our students."

DISCUSSION

Data collected through the evaluation study attempted to answer the following originating questions:

How effective are the A.L.I.V.E. interventions from a trauma-informed perspective?

There is clear evidence that the interventions developed and implemented in the schools through A.L.I.V.E. adhere to the principles and protocols of trauma-informed strategies.

Are the A.L.I.V.E. interventions effective in terms of their goals and objectives and intended outcomes?

All indications are that the A.L.I.V.E. interventions implemented in the individual schools are showing evidence of improvements in behavior, improved learning opportunities, calmer school environments, more secure students, and teachers that are more confident.

What are the specific impacts on students, parents, teachers, and teaching and learning as a result of the implementation of the A.L.I.V.E. interventions?

Overall A.L.I.V.E. has led to greater opportunities for teachers to teach and students to learn.

How effective is the collaboration between the Foundation and the schools in the implementation of the A.L.I.V.E. interventions?

Effectiveness of A.L.I.V.E. in establishing collaborative relationships is primarily dependent upon communication and leadership. In schools in which principals understand the program and have "buy-in," the collaborative aspects of the relationship between A.L.I.V.E. clinicians and school professionals is found to be the most effective, a situation that exists in nearly every school in which A.L.I.V.E. is implemented currently.

Is A.L.I.V.E. providing administrators, teachers and parents with the expertise and resources necessary to sustain the intended outcomes?

There is no question that A.L.I.V.E. is providing teachers and administrators with expertise and resources.

This is done through modeling and some direct interventions in the form of clinician-shared strategies and protocols for sustaining the improvements being made with students. Both are occurring in the buildings in which A.L.I.V.E. is implemented.

What are the challenges encountered by A.L.I.V.E. and how can these issues be resolved?

The biggest challenge encountered by A.L.I.V.E. is the need to secure funding to maintain and increase its presence in the current districts of New Haven, New Britain, and Bridgeport and to expand the reach of the program into new schools and new districts.

CONCLUSION

A.L.I.V.E. is an innovative grassroots program that shows promise in changing the way students experience and deal with trauma in the school setting, as they learn to manage their behaviors and react more appropriately to life stresses, which allows for more engaged attention to learning. In schools in which A.L.I.V.E. has been implemented the entire tenor of the building has improved with happier students and an overall calmer climate. Teachers are finding success in teaching students who are attentive and engaged and students are experiencing the success of being learners unencumbered by the negative impacts of trauma that can interfere with their progress.

MAIN REPORT

Introduction

Animating Learning by Integrating and Validating Experience (A.L.I.V.E.) is a program of the Foundation for the Arts and Trauma, Inc., the nonprofit arm of the Post Traumatic Stress Center (PTSC) and is a grassroots program that began as a dialogue between the Co-Director of PTSC and the principal of New Haven's Scholar Academy. Together the administrative staff of Scholars and the clinicians at PTSC learned how they could use and combine their expertise to address the overwhelming stresses the students were experiencing. When Scholars closed and the principal moved to the Metropolitan Business Academy (MBA), the program moved with her.

The A.L.I.V.E. program continues to provide trauma-informed, prevention-based support to students in Kindergarten through 12th grade in the New Haven schools and has expanded to include work with students in the New Britain and Bridgeport school districts. A.L.I.V.E. provides services to all students in some format, but focuses on providing social and emotional support to students who face challenges in their personal lives that affect their behavior and progress in the classroom. According to Dr. Nisha Sajnani, the previous director of drama therapy, community health, and A.L.I.V.E. School Based Programs at the PTSC, "Students are affected by stress and that gets in the way of their abilities to get the most out of their school experience." A.L.I.V.E. seeks to provide these students with strategies and skills to handle these stresses so that they can realize success in school.

The vision of A.L.I.V.E., its philosophy, is to create schools that support open conversations about the truth in student's lives, and thereby liberate their energies and spirits for the important work of learning. By attending to student's stresses before they break down with symptoms and negative behaviors, A.L.I.V.E. helps entire classrooms and schools to maintain calm. A.L.I.V.E. is a multidimensional approach integrating principles of trauma-centered intervention, drama therapy, and best practices in education. Its approach avoids dwelling on negatives, but rather helps students develop the coping skills necessary for adapting to stressful experiences. The A.L.I.V.E. structure is supportive and flexible, which allows the program to remain responsive to the needs of schools and students as they surface and change over time.

A.L.I.V.E. is a pro-active preventive approach that has its roots in education, public health, theater, trauma treatment, and drama therapy. According to Sajnani, the program provides students with a "supportive adult in the building who knows what is getting in the way of their learning." It is designed as a trauma response program that provides drama therapists to work with teachers to identify trauma, prevent problems from escalating, and respond effectively when students act out. The A.L.I.V.E. clinicians hold master's degrees with training in psychology and theater and uses direct approaches to address student's concerns. Currently A.L.I.V.E. offers relational play sessions, one-on-one therapy, drama and role playing strategies in mandatory classes for high school freshmen, letter writing activities, parent activities, and classroom focused discussions to reduce the symptoms of traumatic stress as a means of facilitating student success.

Program Rationale

Research shows that childhood trauma can have an overwhelming impact on a student's ability to learn (Cole et al. 2005). By adopting a trauma-informed approach to address student need, adults working with students gain an understanding of the impact trauma can have on learning and the best practices that are most effective with students experiencing the consequences of trauma. These types of efforts have been shown to affect positively the academic lives of these students.

Children who experience trauma often overreact to everyday stress. In school minor events or actions can trigger defiant, disruptive, or aggressive behavior. "The ability for these children to cope is overwhelmed," says Eric Rossen, director of Professional Development and Standards for the National Association of School Psychologists, explaining that such behavior is often a magnet for disciplinary action (Pappano, 2014). The behavior of traumatized children can be unpredictable and demanding in ways that frustrate teachers. Children in trauma struggle with considerable issues that interfere with progress in school, including depleted motivation and internal resources for academic engagement, which is a predictor of academic success (Shonk and Ciccetti, 2001). Traumatic experiences compromise the ability to attend to classroom tasks and instruction and can interfere with a child's ability to cope with the problems of everyday life.

Schools and educators can no longer afford to continue allowing students experiencing trauma to struggle with behavior and learning issues that can be addressed through new ways of thinking about trauma and its impact on students. Treating children early can help keep them in school later, according to Margret Nickels, a clinical psychologist at Chicago's Erikson Institute. "If we understand that this kind of exposure to stress literally disables children in many ways that are needed for school success...then we understand why they're not listening. It's because they can't. They're not aggressive because they're just bad. It's because they don't know what else to do. So it becomes an issue of, 'What do we need to teach them?' rather than, 'Why are they doing this to us?'" (Mongeau, 2015) The first step is to identify which children are experiencing traumas, why, and how their experiences affect their behavior and learning.

All schools, teachers, and support staff who work with children with trauma have a role to play in providing a stable and safe space for children and in connecting them with caring adults. A.L.I.V.E. is a trauma-informed program that can help to provide this stability. In order to be successful the clinicians must be prepared and trained to handle trauma incidents. By interacting with children and observing symptoms of distress, steps can be taken to provide needed interventions. These "trauma-informed" approaches are not new. At the heart of these approaches is the belief that student's actions are a direct result of their experiences, and when students act out or disengage, the question that should be asked is not "what's wrong with you?," but rather "what happened to you?" By being sensitive to student's past and current experiences with trauma, educators can break the cycle of trauma, prevent re-traumatization, and engage a child in learning and finding success in school (McInerney and McKlindon, 2014). The importance of new more responsive strategies that go beyond traditional "punishments" to deal with behavior issues and the development of trauma-sensitive, safe, and supportive school environments requires a change in thinking by most teachers. A.L.I.V.E. helps with this by using multiple strategies tailored to the needs of each school community and the individual students. These flexible approaches are more effective than the implementation of one defined intervention or a one-size fits all approach.

Evaluation Methodology

The purpose of the evaluation is to determine from an external perspective the extent to which the A.L.I.V.E. program is having the desired effects and impacts on students, parents, teachers, and administrators. It seeks to identify program strengths and weaknesses and provide insights on actions to take to resolve program issues and sustain and improve program impacts. The results will also provide The Foundation with evidence of its effectiveness that can be shared and communicated to interested school districts, the Federal and State Departments of Education, and other education focused entities. The evaluation is designed to focus on the understanding and impact of A.L.I.V.E. and its specific interventions on students in need, including changes in behavior and school engagement.

Key Evaluation Questions

A sampling of the questions addressed include:

- How effective are the A.L.I.V.E. interventions from a trauma-informed perspective?
- Are the A.L.I.V.E. interventions effective in terms of their goals and objectives and intended outcomes?
- What are the specific impacts on students, parents, teachers, and teaching and learning as a result of the implementation of the A.L.I.V.E. interventions?
- What are the specific indicators of success?
- How effective is the collaboration between The Foundation and the schools in the implementation of the A.L.I.V.E. interventions?
- How is the A.L.I.V.E. program perceived by the key members of the school district and community, including school counseling and student support departments and related community services?
- Is A.L.I.V.E. building sustainable and effective protocols and procedures in the selected schools involved in its programming?
- Is A.L.I.V.E. providing administrators, teachers, and parents with the expertise and resources necessary to sustain the intended outcomes?
- Are The Foundation directors and senior staff effectively communicating the successes of the work being done by A.L.I.V.E.?
- What are the challenges encountered by A.L.I.V.E. and how can these issues be resolved?

Evaluation Team

Curriculum Research and Evaluation, Inc. (CRE) is a firm devoted to the assessment and evaluation of quality education programs; and to the support and development of effective innovations in curriculum, instruction, and professional development. CRE's overall purpose is to provide consulting and evaluation services to support critical process improvement strategies as well as formative and summative

assessments that enable projects to maximize their potential to accomplish their objectives in a timely and effective manner. CRE has a long-term record of conducting research-based studies of projects designed to improve teaching and learning, including professional development programs in American history, science, mathematics and technology, workforce development, and leadership at all educational levels. The primary evaluator for this project is Theresa Bruckerhoff who is the Vice-President and Principal Evaluator for CRE. She has a BS in Elementary Education and a MS in Curriculum and Instruction. She has sixteen years of teaching experience ranging from preschool to the middle school levels. She has been engaged in the evaluation of innovative education programs for nearly twenty-five years, including studies of programs that impact teaching and participant effectiveness, as well as programs that impact student and learning and achievement.

Evaluation Methods

The evaluation process included initial meetings with The Foundation President and PTSC senior staff, including the Director of the A.L.I.V.E. school-based programs to discuss more fully the specific interventions to be evaluated and the most appropriate evaluation strategies for measuring the effectiveness of A.L.I.V.E. to meet its desired aims and to answer the specific evaluation questions. The external evaluator determined the final evaluation approaches, but given the sensitivity of the A.L.I.V.E. interventions, this was not to be done without input from The Foundation leadership. Following initial meetings, the next steps were to design and implement evaluation strategies and protocols to collect qualitative and some quantitative data on the program's effectiveness, impacts, and outcomes. Data collection strategies included the use of an online survey to measure participating teacher's perception of A.L.I.V.E. and its impact, strengths, and challenges. Field study protocols of observation, interview, focus group, and document review were also initiated in order to gain an understanding of A.L.I.V.E. and its impacts from different members of the school and local community. Ongoing and follow-up processes included complete reviews and analysis of all quantitative and qualitative data collected and the development of a final report for The Foundation.

Evaluation Participants

The evaluation focused primarily on the A.L.I.V.E. staff, participating school personnel, including teachers, administrators, and student support leaders, parents, students, and selected community leaders. Nearly every participant included in the evaluation was selected by The Foundation and then contacted by the Director of School-Based Programs, the President of The Foundation, or the external evaluator to schedule interviews, observations, and focus groups that were conducted by the external evaluator at times of convenience for each of the evaluation participants. Nearly everyone invited to participate scheduled a session with the evaluator. The two administrators who chose not to participate indicated that the information they might be able to share was not sufficient from their perspective. The following protocols were included as a part of the evaluation process:

Interviews: Each interview was conducted over a period of 30 – 45 minutes on site or on the phone based on the preferences of the interviewee. Each loosely followed a pre-determined set of interview questions (See Appendix) and were conducted in a conversational format, with the evaluator taking hand written notes throughout the process. Although the identity of the interview participants was known by the A.L.I.V.E. project leadership, the interviews were held between the interviewee and the evaluator only and were not recorded, as was the preference of most involved. In total 32 interviews were conducted: eleven with the A.L.I.V.E. clinicians, staff

members, and program leaders, eleven with school principals, administrators, and school support leadership, six with community and school district leaders and five with selected parents. Each participant agreed to speak openly and honestly in reference to the evaluation questions which served as a the basis of the interview, with the assurance that comments made would be aggregated with comments of other participants for reporting purposes and would not be associated or identified with a single participant or school, assuring confidentiality of responses.

Focus Groups: Focus groups were conducted with two sets of classroom teachers and three sets of students over the term of the evaluation. The schools in which these focus groups were organized were chosen by the A.L.I.V.E. leadership, as were the specific students included in each group. Teachers were chosen by the school principals. In all cases adult participants and parents of students signed consent forms previous to the evaluation sessions, agreeing to the focus group protocols, specifically that confidentiality was not guaranteed but requested and that with student's personal and sensitive information would not be solicited. Just as with the interviews, the focus group sessions were loosely organized around a set of Focus Group Questions and lasted for 20- 60 minutes during school hours. Sessions were not recorded and data was collected using hand-written notes.

Observations: As a means of informing evaluator understanding, observations of different A.L.I.V.E. interventions were conducted upon initiation of the evaluation process. In all cases, the evaluator participated as an observer only, usually sitting to the side and observing the work of the clinicians and the reactions and responses of the students and adults in the room. In total 12 observations were conducted, including 2 sessions of Freshman Seminar, 3 Humanities classes, 1 Red Bead session, 4 stress reduction or play sessions, and 2 Miss Kendra classroom sessions. Additionally the evaluator walked with clinicians, observing ongoing interactions that occurred on the spot with students throughout the buildings and visited one session in which volunteers were writing responses to Miss Kendra letters.

Online surveys: An on-line teacher survey was administered to classroom teachers participating in any A.L.I.V.E. programming via e-mail sent through the school principal. Participant groups were not defined, allowing principals to choose to send responding opportunities to entire or limited numbers of staff members. The responses were sent directly to the principal evaluator for analysis. Participation in this process was optional and identification was not required. As an incentive, teachers who did respond and chose to provide identifying information received a \$10 Dunkin Donut Gift Card as a thank you for their participation.

Document Research and Review: Throughout the term of the evaluation, the evaluator collected and reviewed project developed documents and artifacts and media publications and researched articles and writings on trauma-informed approaches for understanding and dealing with student impact and learning.

Analysis of Data

CRE developed sets of evaluation field study protocols and instruments to collect qualitative and some quantitative data on the operations and impacts of the A.L.I.V.E. program. Analysis of data followed guidelines for collection and analysis of data that have been established for quantitative and qualitative field studies. CRE developed data collection formats using EXCEL for quantitative data and processes of

QDA (Qualitative Data Analysis) for qualitative data, including Noticing, Collecting, and Thinking in which qualitative data is collected, organized thematically and coded to determine patterns, commonalities and connections. These results were triangulated with quantitative data for reporting outcomes. Qualitative data was collected through document reviews, open-ended survey responses, during observations, and through formal and informal interviews and Focus Group sessions. Quantitative data was collected on closed survey items. All data collection records are the confidential property of CRE and will be held for future review if necessary. Data for reporting purposes was converted to aggregated formats with comments from individual study participants intermingled to provide clear understandings, while also providing high levels of confidentiality.

SUMMARY AND CONCLUSIONS

Although the following sections of the report includes lists of project strengths and challenges and a list of recommendations, the findings section has many of these items embedded within the discussion of data collected from the different program participants and should be reviewed and referred to in making project decisions and determining next steps.

The evaluation began with a set of questions as follows. Data collected through the evaluation study attempted to answer these questions and just as with the lists in the report, the answers to each are embedded in more detail in the finding's section. For convenience purposes a brief answer to each question is included in this section of the report:

How effective are the A.L.I.V.E. initiatives from a trauma-informed perspective?

Program observations, interviews with clinicians, interviews with trauma-informed educated community members, and supplemental research provided clear evidence that the initiatives developed and implemented in the schools through A.L.I.V.E. adhere to the principles and protocols of trauma-informed strategies. Every clinician is a specialist in these strategies and uses this understanding, as well as their skills as drama therapists, to provide needed services to students in trauma and to share relevant skills and strategies with classroom teachers and educational professionals.

Are the A.L.I.V.E. initiatives effective in terms of their goals, objectives, and intended outcomes?

All indications from clinicians, organizational leadership, program documents, community members, observations, and conversations with teachers are that the A.L.I.V.E. initiatives implemented in the individual schools are showing evidence of improved behavior, improved learning opportunities, calmer school environments, more secure students, and more confident teachers.

What are the specific impacts on students, parents, teachers, and teaching and learning as a result of the implementation of the A.L.I.V.E. interventions?

Every participant group engaged in the study identified specific impacts relevant to their perspectives and roles because of the implementation of the A.L.I.V.E. program in the schools. In general, program initiatives have enabled students to take control of their behavior and react in ways that are more appropriate when life issues are encountered. Parents still have questions about the program but for those who have gained an understanding, most appreciate the opportunities available to their children for sharing and discussing situations that are causing stress and influencing school behavior. Teachers, in general, feel like they have more control of their classrooms and more opportunities to engage the entire class in effective learning opportunities. Overall A.L.I.V.E. has led to greater opportunities for teachers to teach and students to learn.

What are the specific indicators of success?

Based on the data collected for this report through the qualitative field processes of interview, observation, and focus groups, the indicators of success were generally reported through anecdotal, responsive and reflective but relevant comments. Each evaluation participant was asked to describe what success looked like. Across all groups, the consensus is that success is happy, more engaged, less

distracted and distressed students, invested in and finding success as learners.

How effective is the collaboration between The Foundation and the schools in the implementation of the A.L.I.V.E. initiatives?

Effectiveness of A.L.I.V.E. in establishing collaborative relationships is primarily dependent upon communication and leadership. In schools in which principals understand the program and have “buy-in” the collaborative aspects of the relationship between A.L.I.V.E. clinicians and school professionals, including teacher and student service providers, is found to be the most effective. Evaluation processes found that this situation exists in nearly every school in which A.L.I.V.E. is implemented currently. In schools in which relationships are strained, leadership can be identified as the primary reason for the limits in collaboration. In all schools, including those with internal strains, The Foundation leadership meets with the school leadership on an ongoing basis to ensure the highest levels of cooperation possible in developing, facilitating and maintaining high quality relevant programming.

How is the A.L.I.V.E. program perceived by the key members of the school district and community, including school counseling and student support departments and related community services?

Data collected from community members and school district leadership identified conflicts between the interests, goals, and requirements that govern decision making on funding and the goals and interests of the A.L.I.V.E. leadership. The district administrators and at least two community funders are most interested in funding protocols and programs that work within the sometimes-narrow parameters defined by the bureaucracies of the different organizations. Additionally current priorities are for initiatives that work in collaboration with other initiatives and that follow appropriate political standards. Currently A.L.I.V.E. is more singularly focused and sees the need to push organizational boundaries to meet student and educational needs at the individual schools. Decisions as to the importance of resolving these conflicts are left up to the leadership of A.L.I.V.E. as long as the consequences of the decisions are understood and accepted. From all perspectives, there is not a correct answer but rather the one that makes the best sense for A.L.I.V.E. at this point in its development. Understanding these issues, The Foundation has decided at this point to focus its energies on establishing strong collaborations with the schools in which A.L.I.V.E. is implemented and in helping the principals of the individual schools secure the funding needed to facilitate and maintain the interventions.

Is A.L.I.V.E. building sustainable and effective protocols and procedures in the selected schools involved in its programming?

All indications are that the informal protocols developed and implemented into the schools through the A.L.I.V.E. program are effective and leading to the desired changes. It is suggested that The Foundation consider the development of more formal protocols that can guide and support additional program development and serve as a means of sustainability at some level in the individual schools. The highest levels of sustainability as the program stands currently are dependent on ongoing funding as A.L.I.V.E. cannot be sustained as a successful program without the work of the clinicians who bring an expertise and skill set that is impossible to replicate without specific training,

Is A.L.I.V.E. providing administrators, teachers, and parents with the expertise and resources necessary to sustain the intended outcomes?

There is no question that A.L.I.V.E. is providing teachers and administrators with expertise and resources,

through modeling opportunities and some direct interventions. The clinicians provide a level of expertise and a wealth of resources in the form of strategies and protocols that can be shared with the school community for sustaining the improvements made with students in the individual classrooms in which A.L.I.V.E. is implemented. Parents are not a group that the A.L.I.V.E. clinicians usually interact with directly but indirectly their expertise in regard to trauma-informed strategies is being shared with parents by the teachers and students. The work of the A.L.I.V.E. clinicians is making a difference for students and teachers in the program sites and this work is being sustained through the gradual adoption of skills by the teachers and school administrators.

Are the Foundation Directors and Senior Staff effectively communicating the successes of the work being done by A.L.I.V.E.?

The A.L.I.V.E. leadership takes every opportunity to effectively share the successes of the A.L.I.V.E. program with teachers, school administrators, and community members through different public presentations, the development of annual internal performance reports and through networking being done with school leaders at district and state level meetings. As A.L.I.V.E. moves forward and interest in growing the program increases, the need for additional communication vehicles will be even more important, with the request for an external report as a first step in the new formats for sharing the work of A.L.I.V.E.. Additional forms of communication will need to be considered as funding needs increase, and as A.L.I.V.E. continues to grow, while the school directives change and refocus over time.

What are the challenges encountered by A.L.I.V.E. and how can these issues be resolved?

The biggest challenge encountered by A.L.I.V.E. is the need to secure funding to maintain and increase its presence in the current districts of New Haven, New Britain and Bridgeport and to expand the reach of the program into new schools and new districts. With expansion possibilities, other challenges, such as formalizing operations and re- establishing community connections will become more of an issue. Suggestions for resolving these challenges include more focused work on securing funding with the possibility of including grant applications and the possible need for some strategic planning in preparation for standardizing some of the program's operations.

Program Strengths

The following list of specific program strengths was drawn from the interviews, observations, focus groups, and survey data collected from the different participants during the evaluation process:

- A.L.I.V.E. is a self-contained but flexible program that can be easily adopted and implemented in any school at any grade level, as it does not require pre-training, purchasing of resources, or changes in routines or instructional strategies. Instead the clinicians arrive and "hit the ground running" on the first day of the program, with impacts being felt almost immediately.
- A.L.I.V.E., as compared to other "packaged" social-emotional programming, is cost effective, as program needs are minimal while its reach includes all students at every grade level. It is the clinicians who work to produce the results that make a difference for students and teachers.
- A.L.I.V.E. addresses the needs of large numbers of students at all grade levels using strategies and protocols specific to the age and needs of the students in a format that realizes expected

outcomes in a way that is cost effective.

- A.L.I.V.E. outcomes do not have to be quantitatively measured in order to be realized. Instead, changes are visibly evident at the level of implementation, with classroom experiences improved, climates calmer, students more focused, and improvements in student behavior evident. Although large scale sustained change occurs gradually, initial changes can be observed almost immediately. As such, school administrators and teachers willingly engage in and continue program activities, rather than experiencing levels of frustration and questioning processes as impacts are delayed.
- Implementation of A.L.I.V.E. trauma-informed strategies in magnet high schools helps to build school communities at the freshman level, with students who are new to the school and in most cases to each other.
- Students, especially at the high school level, recognize the importance of engaging in self-regulated behaviors that are more appropriate and allow for success in the learning environment, begin to advocate for themselves and others as they recognizing the need to avoid triggers, gain assistance when needed, and adopt effective strategies for de-escalating their own behaviors.
- A.L.I.V.E. creates a support system for students that is not based on dependency but rather demonstrates to students their own self-strength that can be used to effectively manage daily stresses and engage in positive learning behaviors. Student self-sufficiency and self-advocacy is the goal, rather than the creation of a “crutch” like support system.
- The majority of A.L.I.V.E. clinicians who are brought into the schools to work with students are young professionals who have tremendous skill sets as drama therapists and clinicians, understand the developmental needs of students as different ages, can relate to young children and/or adolescents, and work in a respectful collaborative manner with school administrators, teachers, and school support staff.
- Although the A.L.I.V.E. program is not a “train-the-trainer” model, the clinicians constantly model best practices and effective strategies when working with and interacting with students and use skills that can be adopted by educators to elicit similar results from students who are in need of quick interventions to de-escalate and regulate behavior.
- The A.L.I.V.E. program and the clinicians are flexible and receptive to the needs of schools, administrators, teachers, school support staff, parents, and students, in creating program structures and engagement strategies that “work” for the particular buildings and learning situations, maximizing the potential for the program to realize its desired outcomes in every environment.
- The A.L.I.V.E. clinicians bring a skill set that is different from the skill set that teachers bring to the classroom. Their skill set can be employed with students in schools and learning situations and is effective with students in stressful and traumatic situations. The two skill sets are complementary and allow students to feel success both with behavior and learning.

- The A.L.I.V.E. program consists of a number of program variables from large group and class level activities to individual stress reduction activities that are age and developmentally appropriate and can be implemented in schools as needed and requested, as part of a program “package” or as single intervention.
- When the A.L.I.V.E. clinicians are invited to participate in SSST and work collaboratively with the school’s certified student service providers, they become a part of the comprehensive student support program offered to all students at the school.
- Teachers who work collaboratively with the A.L.I.V.E. clinicians can adopt strategies that are pro-active and lead to classrooms that are in control, calmer, and prepared to engage in learning opportunities.
- The leadership of The Foundation meets with school administrators annually to assess program impacts, collect evaluative district level data, and secure continued connections between the A.L.I.V.E. program and the schools.
- A.L.I.V.E. strategies and protocols allow students to share concerns, issues, and life stories with skilled clinicians who are safe, nonjudgmental, and receptive to student trauma and can provide students with skills and strategies that are effective in handling and managing stressful events and situations.
- The clinicians, although often overwhelmed with large caseloads and ongoing interactions with students, teachers, and school personnel in numerous classrooms and schools, are professionals who are committed to the well-being of the students they are working with and in helping teachers and all students effectively engage in learning activities in ways lead to academic success.
- The ongoing improvements in A.L.I.V.E. programming and processes as needed to increase effectiveness, ease of use, and increased impacts on a continued basis to ensure that every activity and opportunity has the potential to serve as an agent of change.

Program Challenges

The following list of specific program challenges was drawn from the interviews, observations, focus groups, and survey data collected from the different participants during the evaluation process:

- Although A.L.I.V.E. is a very cost-effective initiative it still requires a funding source for implementation in the schools. The funding secured by most of the participating schools each year is helpful and necessary but is not guaranteed beyond the current year.
- To reach a level of program implementation that is seamless and integrated within a school support system, producing long-term and sustainable impacts, a three-year commitment is best.
- There are ongoing requests for clinicians to provide professional development to classroom teachers and building level professionals on the A.L.I.V.E. program and trauma-informed

strategies to increase understandings and improve educator “tool-kits,” both of which are necessary, but require time that is not available by most clinicians.

- A.L.I.V.E. clinicians models strategies that educators can adopt to improve school climate and student behavior, but as a program A.L.I.V.E. is not easily transferable to school communities without the use of trained and skilled clinicians who drive the success of the program with their specific and skilled interactions with students on an on-going and sustained basis.
- The less than optimal effects of bringing the A.L.I.V.E. program into a school in which the certified student support staff is threatened by the presence of the clinicians, which limits engagement in collaborative activities.
- The likelihood that large numbers of parents are not aware of the A.L.I.V.E. program and the experiences that their children are engaged in, including participation in sensitive discussions and one-on-one stress reduction sessions.
- The “loose” structure adopted by A.L.I.V.E. for record keeping that limits the identification of students receiving individual services, including frequency of interactions and basic information on student issues.
- That the A.L.I.V.E. program establishes connections and working relationships with teachers, administrators, and students right from the beginning of implementation which can lead to negative outcomes if the program is “lost” due to funding issues after these connections have been solidified and proven to be effective as change agents.
- The clinicians are not as confident in their skills to affect change with the majority of middle school students new to the A.L.I.V.E. program due to the particular developmental stage of this age level student who is not as receptive to these types of strategies and interventions, especially if they have had no previous experiences.
- The specifics of the A.L.I.V.E. program are fluid and generally exist within the knowledge base of the clinicians rather than in a written format that can be accessed and followed by school level personnel. As such, few standardized protocols can be accessed by educators who want to gain a better understanding of the program and its different components.
- The lack of protocols and written guidelines can lead to inconsistencies in program implementation by some clinicians who may not establish or follow set schedules, leaving some groups to feel that the professional respect necessary for maintaining and building effective collaborations is lacking.
- The chances that student behavior remains escalated following stress reduction sessions and sensitive group discussions when students are expected to return to the learning environment and the clinicians have left, which leaves classroom teachers and school level support service providers in charge of de-escalating behavior and emotional responses using skills and techniques that may be outside their confidence and skill level.
- The skill level and professional behavior of clinicians is not always equal, which is especially evident when two or more clinicians are assigned to a building and at least one does not meet

the same standard as the other.

- Classroom teachers have raised concerns about student exaggerations and the use of creative story telling strategies when engaged in group conversations, especially when the clinician does not question the accounts. As this may be an understanding and accepted strategy from the perspective of the clinician, a discussion may need to be held with the classroom teachers to alleviate concerns and explain rationales.
- Some classroom teachers have expressed concerns about group level discussions that, as facilitated by the clinicians, may not be as “balanced” as necessary or may adopt political opinions that are one-sided.
- Some classroom teachers are uncomfortable with the levels of conversations that are sometimes engaged in during group discussions, with fears that they are not age appropriate or can elicit unnecessary reactions and unexpected levels of anxiety.
- It should be a concern of the program that nearly every clinician is experiencing feelings of being overwhelmed and stretched by the demands of the jobs they are being asked to do in the different schools, especially when working in multiple buildings or juggling large caseloads and/or A.L.I.V.E. administrative tasks.
- The issues that occur when the A.L.I.V.E. program is implemented in buildings in which the current leadership does not have a buy-in because of lack of understanding or thoughts that this is “just something we inherited,” which limits the level of leadership necessary for ensuring the effectiveness of the program to realize its expected outcomes.
- The impact that strained relationships with community level service organizations and funding agencies may have on funding, adoption, and/or sustainability of the A.L.I.V.E. program.

Program Recommendations

The following list of specific program recommendations was drawn from the interviews, observations, focus groups, and survey data collected from the different participants during the evaluation process:

- The success of the A.L.I.V.E. program in individual schools requires strong leadership from a principal or school leader who believes in the program and can elicit “buy-in” from the teachers and professional support staff.
- The implementation of A.L.I.V.E. in new schools and with new parent groups would benefit from a formal set of orientation materials and a set of videos that can explain and demonstrate the work of A.L.I.V.E. in ways that are understandable, clear, and accessible.
- As A.L.I.V.E. grows by moving into greater numbers of schools and working with larger numbers of teachers and students, it may be important at an operational level to sit down as an organization and create a set of standard program documents, including a program guidebook, monitoring forms, and protocols and tools that can guide the program’s operations and provide more accessible information on the program and its accountability measures for school and district administrators.

- As funding becomes more and more limited The Foundation may want to consider pursuing state or federal grant funds to enable A.L.I.V.E. to remain in the schools in which it is showing success in regard to decreasing inappropriate behaviors and improving learning opportunities. Of particular interest may be research grants that not only provide operational funding but also conduct rigorous research of the program, which can be used to verify impacts, improve programming, and leverage further funding opportunities.
- The program needs to consider ways in which increases in achievement can be measured to verify the value of the A.L.I.V.E. program in promoting the factor that is often considered the most important outcome by the district and the state and national funding agencies.
- Consider how to facilitate requests from nearly every teacher and building administrator to increase programming in the schools, with more clinicians and more time.
- Help teachers understand the strategies clinicians use when engaging and processing student's stories during group discussions and in the Miss Kendra letters.
- Clinicians need to ensure that their work with students is devoid of their political views, ensuring that discussions and interactions are balanced and respectful of the differing perspectives that the students bring to the situation based on their family's beliefs and traditions.
- Ensure that as the A.L.I.V.E. program grows that the background operations can maintain and sustain the growth levels.
- Ensure that the A.L.I.V.E. program remains receptive to the needs of teachers and students and does not become a program that is "pushed" on people or schools as it is the "buy-in" and personalized nature of the program that makes it different and successful within so many schools and classrooms.
- Because of the importance of continued operations in order to achieve the greatest potential of the program, A.L.I.V.E. should have a sustainability plan in place when first negotiating contracts for implementing programming in the schools.
- A.L.I.V.E. should consider the possibility of a liability concern and put into place protocols that can be implemented to deal with these types of issues if they were to occur.
- A.L.I.V.E. needs to consider the consequences of engaging schools as a solo provider rather than as a part of a larger community of service providers, taking into the account the advantages and disadvantages of this choice and how to accommodate for any effects that might result because of this decision.
- The Foundation should make every attempt to repair strained relationships with the Trauma Coalition and community service providers if possible and to continually assess whether efforts to promote A.L.I.V.E. that are perceived to be territorial or privileged are credible and justified.

- The A.L.I.V.E. program should develop a set of record keeping forms for accountability and operational purposes that meet the needs of The Foundation and the schools.
- In order to remain a selected service provider at the district level A.L.I.V.E. needs to consider the best strategies for working within the bureaucratic parameters necessary for maintaining collaborative relationships at the highest administrative levels, which may be even more important if there is a plan for additional program growth.
- A.L.I.V.E. must take every step necessary to ensure that when implemented in a school, the program has a role in the SSST and that the relationships between the certified student service providers and the clinicians are collaborative and respectful.
- Attempt to diversify the clinician pool by considering the inclusion of therapists from different races and genders and with a focus on those who have bilingual skills.
- A.L.I.V.E. is known by many different titles in the schools and across teachers and administrators, which makes identifying it difficult at times. Consideration of how to standardize the identifier may be important so The Foundation needs to work on this issue in order to determine what the title should be and to market it as such.
- As the project grows, a next step might be to establish a strategic planning committee of invested parties that can provide professional expertise and direction in the development of more formal and standardized program protocols, which may be necessary as the program expands in new schools and districts.

Conclusion

A.L.I.V.E. is an innovative grassroots program that has shown promise in changing the way students experience and deal with trauma in the school setting, as they learn to manage their own behaviors and react more appropriately to life stresses, which allows for more engaged attention to learning. In schools in which A.L.I.V.E. has been implemented the entire tenor of the building has improved with happier students and an overall calmer climate. Teachers are finding success in teaching students who are attentive and engaged and students are experiencing the success of being learners unencumbered by the negative impacts of trauma that can interfere with their progress. With the apparent and early indicators of success, the leadership of A.L.I.V.E. is considering the option of growing the program so that students in other districts and schools can realize the successes available to them through a trauma-informed intervention initiative. Changing from a small grassroots organization to a larger more comprehensive program brings funding challenges, staffing issues, and the need for a level of standardization not encountered previously. A.L.I.V.E. is left to consider how much change is necessary and what the pacing should be in order to meet the needs of a larger program structure without sacrificing the integrity of the program as it stands currently. All indications are that when the A.L.I.V.E. leadership decides to move forward, they will have assistance from clinicians, teachers, district administrators, and many community leaders in making the changes necessary for facilitating growth levels that maintain the current successes of the program and allow greater numbers of students to realize the successes available through the implementation of A.L.I.V.E.

Acknowledgements

CRE extends sincere appreciation to all the of those who participated in this study, sharing their insights on the A.L.I.V.E. program, as well as their commitments to the educational success of the schools and student participating in A.L.I.V.E. programs in New Haven, New Britain and Bridgeport. Participants:

Selected groups of parents, students, and teachers from the following schools who participated in focus groups, allowed for program observations, and completed on-line surveys, including Barnard Environmental Studies Magnet, Curiale School, DiLoreto Magnet School, High School in the Community, Metropolitan Business Academy, Strong 21st Century Communications Magnet and Lab School, and Wilbur Cross International Academy.

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Ann Brillante, Wilbur Cross, Susan DeNicola, Strong, Yolanda Generette, Barnard, Erik Good, HSC, Brett Gustafson, Curiale School, Chris LeSieur, HSC, James Moseley, MBA, Alejandro Ortiz, DiLoreto, Judy Puglisi, MBA, Cameo Thorne, HSC.

Community Members and School and District Leadership

Dr. Alice Forrester, Executive Director, Clifford Beers Clinic; M. Clifton Graves, Educator and Community Leader; The Honorable Toni Harp, Mayor of New Haven; Dr. Garth Harries, Superintendent of Schools, New Haven; Laoise King, Vice President of Education Initiatives, United Way of New Haven; Nicholas Perrone, Resident Principal, Hill Regional Career High School; Cynthia Savo, Comer School Development Program.

A.L.I.V.E./Trauma Foundation Leadership, Staff and Clinicians:

Dr. David R. Johnson, Dr. Hadar Lubin, Christine Castles, Kim Jewers-Dailley, Cat Davis, Antonietta Delli Carpini, Christine Mayor, Lizzie McAdam, Renee Pitre, Jesse Toth, Erinn Webb.

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The complete 76 page report from CRE which includes specific data and scales used, is available from the Foundation at 19 Edwards Street, New Haven, CT 06511.