

NASET Special Educator e-Journal

April 2023

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Special Education Legal Alert

Perry A. Zirkel

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This month's update identifies recent court decisions that illustrate various IDEA issues, including the statute of limitations, the duty to assess all areas of suspected disability, and the continuing residue from virtual instruction during the pandemic period. For related publications and earlier monthly updates, see perryzirkel.com.

On January 31, 2023, the Ninth Circuit Court of Appeals issued an officially published decision that addressed the parent's claim that the school district did not timely identify autism for D.O., a fourth grader (2016–17) who had an IEP since kindergarten (2012–13) under the classification of other health impairment (OHI). In June and July 2016, due to violent behaviors in grade 3, the student was hospitalized for psychiatric issues. In October 2016, the district conducted an education-related mental health assessment of D.O. due to his escalating aggression. As part of the assessment, Dr. D, a clinical psychologist retained by the parent, reported her diagnoses of psychosis and mood disorder without mentioning that the parent has asked her to evaluate D.O. for autism. In December 2016, when the members of the IEP team met to review the results of the overall assessment, Dr. D informed them that she had completed an IEE that diagnosed D.O. with autism. A member of the team asked the parent to share a copy of the report, which Dr. D encouraged the parent to do. The parent filed for a due process hearing in March 2017, and the district promptly responded with a request for consent to evaluate D.O. for autism. The parent did not provide her consent, and although the district's attorney repeated the request for a copy of the IEE for the IEP team's consideration, the parent did not provide it until July 2017. In August she provided consent for the district's evaluation. The district completed the evaluation in October 2017, when the team met and concluded that D.O. did not qualify for autism under the IDEA and the state's corollary special education law. The hearing officer

ruled in the school’s favor. However, the district court reversed, ruling that the 4-month delay between Dr. D’s oral report of her autism assessment was unreasonable and that it resulted in a per se denial of FAPE. The remedy included reimbursement for the \$3,500 cost of the IEE. The school district appealed to the Ninth Circuit.

The Ninth Circuit agreed with the hearing officer that the private evaluator’s oral report of the diagnosis sufficed as the trigger for conducting an evaluation for autism but that the 4-month delay was not a procedural violation.

The delay was justifiable in this case because (a) all of the professional personnel who had provided special supportive services to D.O. during the previous 4–5 years, including the mental health therapist and the school psychologist, disagreed with the autism diagnosis, and (b) the IEP team sought the report so as not avoid the inaccuracy of repeating the same tests within a limited period.

Alternatively, the Ninth Circuit concluded that even if the delay were a violation, it did not result in a denial of FAPE for either D.O.’s substantive right or the parent’s participation.

D.O.’s IEP remained the same based on the ultimate unchallenged determination that he did not meet the applicable criteria for autism. The effect on the parent’s opportunity for participation was attributable to her delay in providing both the report and her consent, not to the district’s actions.

One of the three appellate judges on the panel that decided this case partially dissented, concluding instead that the 4-month delay was unreasonable in light of previous Ninth Circuit decisions but agreeing, in any event, that this procedural denial did not amount to a denial of FAPE. The courts more generally across the country varies rather widely in the “all areas of suspected disability” cases.

On February 1, 2023, a federal court in Pennsylvania issued an unofficially published decision in *Connor v. Kennett Consolidated School District*, addressing the IDEA FAPE claims for C.J., an elementary student with OHI and SLD, for the period from September 2017 until November 2020. For 2017–18 (grade 2) and 2018–19 (grade 3), the IEPs and their various revisions reflected continuing behavioral problems and classifications of OHI and, upon reevaluation, SLD (in reading) and OHI. The IEP for 2019–20 (grade 4) included a personal care assistant (PCA). The November 2019 reevaluation recommended systematically fading access to the PCA, but CJ’s regular PCA’s departure precluded doing so, and the resulting use of rotating PCAs increased CJ’s behavioral issues. In March 2020, upon the COVID-19 change from in-person to remote instruction, the district refused to provide a PCA for CJ at home, and the alternative of a virtual PCA did not work due to CJ’s difficulties with the use of the computer. As a result of his disabilities and the lack of the PCA in his IEP, he rarely attended his online classes. CJ returned to in-person instruction in November 2020, per the district’s system-wide phase-in process. The parents’ filed for a due process hearing, claiming denial of FAPE for this entire period. The hearing officer ruled that the statute of limitations barred recovery prior to February 2019,¹ the district denied FAPE during the months of online instruction, and CJ was entitled to compensatory education for this FAPE-denial period. The amount was 5 hours per day, with deductions for (a) the reasonable no. of days it would have taken to rectify the denial initially, and (b) the recovery services that the district had provided to CJ in response to federal and state guidance. Both sides appealed.

¹ The hearing officer concluded that the KOSHK date was in fall 2017, when the family enrolled CJ in the district with an IEP from the state where they had previously resided and the district’s evaluation showed deficits in reading. Interpreting those “occurrences” as establishing the requisite parental knowledge for their claims, the hearing officer reasoned that their February 2021 filing for the due process hearing was beyond the 2-year period, thus limiting their claims to the last 2 years before filing. In reversing this conclusion, the court explained that the applicable approach was for the discovery, not occurrence, date based on when the parents had reason to be aware of the district’s potential violation of the IDEA, which started with an “all areas of suspected disability” claim.

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| The court reversed the hearing officer's statute of limitations ruling, finding instead that the date that the parents "knew or should have known" (KOSHK) of the alleged prior lack of FAPE for SLD in reading was upon the November 2019 reevaluation.* | The KOSHK date is the key to the IDEA's statute of limitations, although the case law concerning its application varies, with the relevant rulings of the federal courts in Pennsylvania being particularly nuanced. |
| However, the court ruled that the hearing officer's error as to the KOSHK date was harmless in this case. | The reason is that the court found that, based on the snapshot standard, the previous evaluation and IEPs were appropriate. |
| The court affirmed the denial of FAPE, finding that the lack of the PCA at home, regardless of state guidance about safety, was fatal in the application of <i>Endrew F.</i> 's standard. | The court concluded that "from the time classes went virtual, [CJ's IEP] was no longer reasonably calculated to enable him to make appropriate progress." |
| The court also affirmed the hearing officer's award of 60 hours of compensatory education, finding the calculation in line with Third Circuit precedent and the equitable nature of this remedy. | The Third Circuit provides for a quantitative approach, with an equitable deduction for reasonable rectification. The deduction for recovery services equitably adjusted against double dipping. |
| Although the particular rulings may vary in other jurisdictions for these facts, the issues of the statute of limitations, the <i>Endrew F.</i> standard during the pandemic and post-pandemic period, and the remedy of compensatory education remain prominent at this time. | |

Buzz from the Hub

All articles below can be accessed through the following links:

<https://www.parentcenterhub.org/buzz-feb2023-issue2/>

<https://www.parentcenterhub.org/buzz-feb2023-issue1/>

<https://www.parentcenterhub.org/buzz-jan2023-issue2/>

<https://www.parentcenterhub.org/buzz-nov2022-issue1/>

<https://www.parentcenterhub.org/buzz-oct2022-issue2/>

<https://www.parentcenterhub.org/buzz-oct2022-issue1/>

The History Makers

This digital archive is an incredible collection of oral histories shared by over 3,300 African Americans known and unknown. Access interviews, biographies, videos, archival photography, and more, and learn personal perspectives and unique facts from influential African Americans who made history in their own right across a wide range of fields, from art, business, education, entertainment, law, music, science, and sports.

Advancing Racial Equity in Early Intervention and Preschool Special Education

This 9-page fact sheet provides key information and supporting evidence about racial disparities and inequities for young children with a disability, and questions for state and local leaders seeking to advance equity for all children with disabilities and their families. From the ECTA Center.

Promoting Black Girls' and Women's Sexual and Reproductive Health Requires Acknowledging Their History and Experiences

This brief from Child Trends discusses how reproductive suppression has led to

disproportionately adverse sexual and reproductive health outcomes for Black girls and women. The authors suggest using a holistic approach—one that focuses on intersectionality, gender equity, and culturally responsive practices—to promote the sexual and reproductive health of Black girls and women.

Confronting Color-Blindness

All of us have probably heard someone say that they “don’t see color” or that “it would be great if we could all just stop noticing race.” While these statements may be well-intentioned, colorblind ideology undermines diversity, inclusion, and equity. Here’s an online module that can help us understand the concepts of color-blindness, color evasion, and power evasion and how they may show up in our interactions with families, staff and colleagues.

What is Complex Trauma?

*(Also available in Spanish: **¿Qué es trauma complejo?**)*

When people think of trauma, they often imagine a specific experience, like a natural disaster or a violent attack. But there’s another form of trauma that involves chronic negative experiences like abuse, neglect, or violence. This is known as complex trauma, and its profound impact on kids is often misunderstood. Take a close look at complex trauma—its causes, the symptoms associated with it, and how to help kids who are dealing with it. From the Child Mind Institute.

Frequently Asked Questions (FAQs) on Pre-Employment Transition Services

The account you create at NTACTION will give you access to a wide range of transition-related materials, such as this FAQ on pre-employment transition services. The questions and answers are organized into categories for easy browsing and include: administrative, allowable costs, definitions, service delivery, and RSA FAQs.

Talking to Kids About Sex and Dating

Check out this suite of stand-alone articles from the Child Mind Institute, which rounds up resources on why it matters to talk to teens about sex and romantic relationships, and how to approach this sensitive topic. Dive into consent and how kids can confidently set and respect boundaries. The suite includes tips on how to help teens deal with unwanted attention, as well as

warning signs of sexual behaviors that are concerning. Some DOs and DON'Ts are outlined to help teens make good choices as they enter their first relationships. ***Each article in the suite is also available in Spanish.***

Balloons lifting a winning ribbon.

Sexual Health and Wellness

PEATC, Virginia's PTI, has developed a toolkit to help guide parents through discussing sexual health and wellness with their child with disabilities. The toolkit covers topics such as sexuality, self-care, relationships, social skills, and boundaries. Many additional factsheets and resource documents (including YouTube videos) are also available.

Sexuality & Disability | 6 videos and articles to explore and share, as befits the person and the circumstances

Sex education for students with disabilities | A more scholarly article from *Law & Order*, from 2006

Dating and disabilities | Exploring love in many forms with first-hand accounts from the frontlines of dating, marriage, intimacy and friendship, all with people living—and loving—with disabilities.

Love Because, Never Despite, Disability

“I want a world where disabled people learn how to have healthy relationships alongside their abled peers, where disabled people are seen as valuable friends, lovers, partners, spouses not in spite of their disability but because disability adds to the fullness and beauty of their being. I want a society that teaches disabled people, through media portrayals, through accessible building design, and so many other avenues, that their bodymind, their personhood is valuable and worthy of love just the way they are.” Direct quote. Need we say more?

In My Own Voice: Sexual Self-Advocacy

30 people with intellectual and developmental disabilities talk about what sexual self-advocacy means to them.

RAISE the Standard

Culturally competent transition practices can play a significant role in improving post-school outcomes for youth with disabilities. The November issue of *RAISE The Standard* explores what it means to bring a culturally competent approach to transition planning and why it is vital to do so. Be sure to check out the great list of resources in the newsletter, such as the one listed below.

Life after High School: A Guide for Culturally and Linguistically Diverse Families of Youth with Disabilities

This guide is offered in nine languages: English, Arabic, Chinese, Korean, Russian, Somali, Spanish, Tagalog, and Vietnamese. Wow, eh? From Open Doors for Multicultural Families.

Addressing the Impacts of Parent and Caregiver Loss on Children

(Also available in Spanish: Cómo afrontar el impacto de la pérdida de padres y cuidadores en los niños)

This Dear Colleague Letter from the Administration for Children and Families (ACF) discusses the urgent need to support children and youth who've experienced the traumatic loss of a parent or caregiver. It also includes an astoundingly thorough list of programs and resources available to address the spectrum of needs a child or family might have, from economic supports to behavioral health, to kinship and family supports, and more.

How to Work With Your Child's School

Children with emotional or learning challenges are entitled to support from their schools. Who should parents talk to? This suite of articles from the Child Mind Institute can sure help! It includes 6 separate briefs, with titles such as Building Your Education Team, Supporting Trans and Nonbinary Kids at School, How to Get Assistive Technology for Your Child in School, How to Make the Most of Your IEP Meeting, and About Section 504 Plans. All are also available in Spanish.

Treating Symptoms of Trauma in Children and Teenagers

(Available in Spanish: Tratar los síntomas de trauma en niños y adolescentes)

The 2022 Children's Mental Health Report looks at the effects of psychological trauma on children and reviews the evidence for treatments aimed at helping them recover. From the Child Mind Institute, 15 pages.

Children's Mental Health: A National Family Guide

This 26-page guide from the RAISE Center is packed with helpful info about mental health and a multitude of resources for families. Topics discussed include what parents and professionals need to know about mental health, when to get help, diagnosis, medication, supports and services, schools and mental health, state agencies, and much more.

Sensory Processing Issues Explained

(Available in Spanish: Los problemas de procesamiento sensorial explicados)

This series from the Child Mind Institute delves into the many aspects of sensory processing issues in children, and can come in handy as we approach the chaotic holidays and social gatherings. The series includes such articles as Treating Sensory Processing Issues; How Sensory Processing Issues Affect Kids in School; Sensory-Friendly Party Ideas; and Tips for Going Places With Sensory-Challenged Kids. All are available in English and Spanish.

Food Allergies in Children

(Similar info in Spanish: Alergias a los alimentos en niños)

Holiday and everyday feasting can be very tricky if your child has a food intolerance or allergy. This article from Johns Hopkins Medicine describes the most common types of such allergies, how to find out if and what types of allergies your child has, symptoms, and treatment, including tips for dining out with food allergies.

Navigating Food Allergies During the Holidays

Food allergies don't have to dampen the spirit of the holidays. See tips for celebrating with allergy-free foods, so everyone has a place at the table.

Responding to Your Child's Bite

(Available in Spanish: Maneras de tratar las mordidas de su hijo)

Many toddlers and young children bite. Developmentally, most toddlers don't have enough words to express how they are feeling. Biting is one of the ways toddlers express their needs, desires, or feelings. This handout provides information on why children bite, what to do and what not to do, and when to seek professional help. From the National Center for Pyramid Model Innovations.

IEP Tip Sheet Series

Parents and family members are critical members of the IEP team and the IEP development process. It's important that parents understand the IEP and its parts, why the IEP is important, and the valuable role that parents play in creating the IEP. This series begins with IEP Tip Sheet for Parents: An Overview of the IEP and then offers 7 fact sheets about specific components of the IEP. From the Progress Center.

Related Services Providers: Important Contributors to the Accommodations Decision-making Process

This 4-page brief from the National Center on Educational Outcomes suggests strategies for supporting related services providers so that they can participate more confidently as members of IEP teams when decisions are made about instructional and assessment accommodations.

Five Required Pre-ETS Services

For students with disabilities who are eligible or potentially eligible for VR services, pre-employment transition services includes a specific set of activities by law: job exploration counseling, work-based learning experiences, counseling on postsecondary education opportunities, workplace readiness training, and instruction in self-advocacy. Want to learn more about each of these activities? Take advantage of this series from the National Technical Assistance Center on Transition: The Collaborative.

Webinar | The Transformative Power of Engaging Parents as Partners

This hour-long webinar was held in September 2022, and explores how one unified school district completely transformed its relationships with families, re-established trust, and even more importantly, improved students' learning experiences. Their intentional efforts to engage

parents as partners also helped save the district millions of dollars in attorney fees and settlement costs. From CADRE, the TA&D's expert on dispute resolution.

The Academic Benefits of Social Emotional Learning during the School Day

Philip Garza

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Abstract

The purpose of this study is to explore the academic benefits of social emotional learning throughout the school day as opposed to absence of it all together. This review seeks to find positive correlations of social emotional learning and academic performance. The literature on Social Emotional Learning depicts that when taught to students there is a majority of mutual agreement that students will benefit emotionally and will improve in all areas of academic performance.

Introduction

Is Social Emotional Learning (SEL) beneficial when taught during the school day? After the Marjory Stoneman Douglas mass shooting that took place in 2018, every school district in Florida was tasked with adding mandatory SEL lessons. However, in Florida and many other states SEL lessons have become a topic of controversy. Some policy makers question whether SEL is the education system's job. For example, Governor Ron DeSantis tasked the Florida Department of Education to review most academic textbooks that had any resemblance of SEL. Those textbooks and corresponding curriculum that had SEL infused in them have been rejected and replaced. Those in favor of removing SEL in academics state that it is the job of the parents to instruct their kids about social emotional topics and not the school system. They believe that SEL takes away valuable academic instruction time. Those in favor of SEL in education say that it is more important now than ever after Covid. (Billy et al., 2021) According to the American Psychology Association, American Academy of Pediatrics, American Academy of Child and

Adolescent Psychiatry and Children's Hospital Association, stemming from the Covid –19 pandemic the mental health needs of young people are at crisis level. (Durlak et al., 2022) Those in favor of SEL believe that the social well-being of students plays a key role in an individual's health and psychological wellbeing. (Mok, 2019)

What is Social Emotional Learning and why is it needed?

What is SEL? According to the Collaborative for Academic, Social and Emotional Learning (CASEL) SEL is defined as the “process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions”. (Durlak et al., 2022). Given the definition of SEL and the inherent learning processes that it encompasses, the intended purpose seems non-controversial. Yet, it is. Specifically, SEL embraces crucial skills that everyone needs in order to meet the demands of today's fast-paced and ever-changing environment.

The literature Rimm-Kaufman (2014), Payton (2008), and Bierman (2010) recommends infusing SEL throughout the school day since schools are settings that directly and indirectly target most areas of child development. A student's emotional well-being is at the forefront of every single classroom given the impact it can have on academic, behavioral, and safety-related outcomes. Teachers generally have the ability to work with students on skills such as identifying emotions, impulse control, communication, & problem solving to name just a few. (Panayiotou et al., 2019). SEL can potentially bring equity to our most underserved communities. Specifically, to communities that consist of students that come from poverty stricken and culturally and linguistically diverse backgrounds. Students who grow up in poverty are at a higher risk of association of poor academic skills upon entering formal schooling. (McCormick et al., 2020). Cook (2014), suggested that without implementing SEL and curriculum supported content, student achievement was low for all students, and even lower among English language learners. (Billy et al., 2021)

SEL can provide students with the tools needed to raise their academic outcomes by being able to manage emotions, set and achieve goals, maintain positive relationships, and make good rational decisions. (Jagers et al., 2019)

Research in the use of SEL over the past 20 years supports growth in academics as well as in the areas of physical health, mental health, & achievement motivation (Brackett et al, 2019)

Mental health is critical for teachers as well, their emotional state has a direct correlation with students' achievement. (Mok, 2019) Teacher attrition is directly associated with negative emotions associated with their students and student behavior in the classroom is the salient stressor for teacher burnout. (Mok, 2019). In order for SEL to be effective, teachers must be strong leaders Casel (2021). When teachers are supported by administrators with SEL skill development, they become more resilient which improves classroom practices and student achievement. (Brackett et al., 2019)

There is some more work to be done when it comes to correlating academic achievement with SEL. The first issue is that there is not much specific long-term evaluation research on this topic. (McCormick et al, 2020) The second issue is there are many different SEL curriculums. There is no consistency in how the curriculum is being taught and how each program's success is being measured. (Durlak et al., 2022)

Conclusion

Teaching Social Emotional Learning throughout the school day can improve student achievement in all areas. Increasing one's intra-personal understanding can arguably increase one's interpersonal relationships. Having those types of social skills allows for the greater good of our communities. It is exciting to know that SEL is a fairly new topic and that there are so many opportunities to conduct research in this area.

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U.S. Department of Education Issues Dear Colleague Letter Calling for End to Corporal Punishment in Schools and Guiding Principles on School Discipline

The U.S. Secretary of Education Miguel Cardona wrote to Governors, Chief State School Officers, and School District and School Leaders and urged them to end corporal punishment in schools—the practice of paddling, spanking, or otherwise imposing physical punishment on students. This letter reinforces the Department of Education's (Department's) position that corporal punishment in schools should be replaced with evidence-based practices, such as implementing multi-tiered systems of support like Positive Behavioral Interventions and Supports, that create a safe and healthy school environments. Every student and educator should feel safe and supported inside of school buildings; and more importantly, schools should always be free from the threat of violence.

"It's unacceptable that corporal punishment remains legally permissible in at least 23 states. Our children urgently need their schools to raise the bar for supporting their mental health and wellbeing," said U.S. Secretary of Education Miguel Cardona. "Despite years of research linking corporal punishment to poorer psychological, behavioral, and academic outcomes, tens of thousands of children and youth are subjected to beating and hitting or other forms of physical harm in school every academic year, with students of color and students with disabilities disproportionately affected. Schools should be places where students and educators interact in positive, nurturing ways that foster students' growth and development, dignity, and sense of belonging—not places that condone violence and instill fear and mistrust."

Despite decades of research showing the short and long-term harms of corporal punishment, the practice continues to be legal in at least 23 states.

In addition, the Department released guiding principles on how to maintain safe, inclusive, supportive, and fair learning environments for students and school staff, including specific recommendations for evidence-based practices to give students what they need to learn and grow. The Department stands ready to support efforts to replace harmful disciplinary practices, including exclusionary discipline and corporal punishment. Through the historic funding under the American Rescue Plan Act of 2021 and the Bipartisan Safer Communities Act, and additional laws like the Elementary and Secondary Education Act of 1965, the Department can support these evidence-based practices consistent with program requirements. The Department will also continue to support schools in their efforts to move away from the use of exclusionary and physical punishment through its technical assistance centers, including the Best Practices Clearinghouse, National Center on Safe Supportive Learning Environments, and National Center to Improve Social and Emotional Learning and School Safety, among other resources.

These actions today show a continued commitment by the Biden-Harris Administration to Raise the Bar in education, advance equity, and support the well-being, safety and success of all students.

The letter builds upon the Department's position from a similar action in 2016 under the direction of then Secretary John King Jr. and 2014 under the direction of Secretary Arne Duncan in the Obama-Biden Administration.

Education Department Announces Use of Secret Shopping to Protect Students, Crack Down on Institutions that Lure Students with Lies

The U.S. Department of Education (Department) announced that the Enforcement Office of Federal Student Aid (FSA) will use secret shoppers as an additional tool to monitor postsecondary institutions' compliance with the laws and regulations governing their participation in the federal student aid programs. In particular, secret shoppers will evaluate recruitment, enrollment, financial aid, and other practices of postsecondary institutions to help identify potentially deceptive or predatory practices used to recruit and enroll students.

“Secret shopping is another tool in FSA’s toolbox as we expand our oversight work to hold predatory schools accountable,” said FSA Chief Operating Officer Richard Cordray. “Our focus—as always—is to ensure that students, borrowers, families, and taxpayers are not being preyed upon to make a quick buck.”

Specifically, secret shoppers will look for misrepresentations regarding the transferability of credits, job placement rates, completion and withdrawal rates, graduates’ future earning potential, career services, the cost of attendance, the amount of federal student aid, and accreditation status, along with any other practices that may violate the laws and regulations governing an institution’s participation in the federal student aid programs.

Findings from secret shopping may serve as evidence to support an ongoing investigation or review, or provide a basis for opening a new investigation or review. Where appropriate and permitted, FSA will refer findings from its secret shopping efforts to other Department offices, including the Office of Inspector General, and share findings with other law enforcement partners at the state and federal levels.

“Schools that engage in fraud or misconduct are on notice that we may be listening, and they should clean up accordingly,” said Kristen Donoghue, FSA’s chief enforcement officer. “But schools that treat current and prospective students fairly and act lawfully have nothing to fear from secret shopping.”

Improving Student Outcomes by Bolstering School Oversight

This work represents some of the latest progress on the Biden-Harris Administration's ongoing commitment to improving student outcomes, including by holding low-performing and predatory schools accountable for swindling students out of time and money and leaving taxpayers holding the bill.

In October 2021, the Department reinvigorated school oversight and accountability efforts within FSA by reestablishing an Enforcement Office and hiring a chief enforcement officer, who reports directly to FSA's chief operating officer. That has already paid dividends. For example, in fiscal year 2022, FSA:

- Initiated dozens of actions, including denying 10 school recertifications; revoking six Provisional Program Participation Agreements, which enable schools to participate in the Title IV program; and issuing two terminations, five suspensions, seven debarments, and eight fines totaling \$2.3 million;
- Opened new investigations into fraud and deceptive practices at multiple schools and completed related site visits;
- Strengthened its relationships with state and federal partners, including the Federal Trade Commission, Consumer Financial Protection Bureau, Department of Veterans Affairs, and state attorneys general, to identify and take action against schools that do not put their students' interests first;
- Released guidance outlining how it will implement long-standing provisions in the Higher Education Act that grant the Secretary authority to require leaders of private colleges that fail to operate in a financially responsible way to assume personal liability for the cost of unpaid debts owed to the Department of Education; and
- Approved group discharges based on borrower defense findings, providing approximately \$11.4 billion in relief to 875,000 students who attended Corinthian Colleges, Inc., ITT Tech, Marinello Schools of Beauty, and Westwood College.

In addition to today's secret shopper bulletin, FSA issued two other enforcement bulletins to bolster school compliance and better communicate with outside stakeholders. The first bulletin warned schools that the Department will act aggressively when it finds

misrepresentations made to servicemembers and veterans by schools. FSA's chief enforcement officer also wrote about the Department's commitment to protecting military-connected students. The second bulletin announced a new avenue for knowledgeable sources to submit tips about potential violations of the laws and regulations governing the federal student aid programs.

FSA conducts oversight to protect students who receive federal student loans, grants, and work-study funds to attend postsecondary schools. FSA's oversight also ensures the quality of educational programs and safeguards the interests of taxpayers through audits, investigations, and program reviews, among other oversight actions.

U.S. Education Secretary Issues Statement on Passing of Disability Rights Leader Judy Heumann

The U.S. Secretary of Education Miguel Cardona issued the following statement on the passing of Disability Rights Leader Judy Heumann:

“On March 4, our country lost a great disability rights leader with the passing of Judith (Judy) Heumann. As Assistant Secretary for the Office of Special Education and Rehabilitative Services during the Clinton Administration, Judy helped ensure that students with disabilities not only had the right to physically attend public school, but that such students had the right to learn the same curriculum as their non-disabled peers. Her leadership is realized in the nearly 20 percentage point jump from 2000 to 2023 in the number of students with disabilities who graduate with a standard high school diploma. Judy’s legacy also includes influencing the publication of the regulations implementing Section 504 of the Rehabilitation Act of 1973 that bars discrimination against disabled people in federally funded programs.

“Judy Heumann’s devotion to public education for all students was second to none. After she had polio as a toddler, her parents had to fight to enroll her in public school. When she graduated from college, she had to sue the New York Board of Education to validate that using a wheelchair did not prohibit a person from being a qualified teacher. One of her last speaking engagements was on Martin Luther King Jr. Day to a group of middle and high school students on the connection between the disability rights movement and the civil rights movement.

“Judy was always an educator, always a trailblazer, always a leader. We send our deepest condolences to her husband, Jorge Pineda; her brothers, Ricky and Joseph; and her extended family. Her memory will forever be a blessing.”

Creating Trauma-Informed Spaces for Youth in Residential Programs

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****Note: This article was taken from the Winter, 2023 edition of JAASEP**

Abstract

A majority of youth in residential facilities such as residential children's treatment centers and juvenile justice facilities have a history of exposure to traumatic events, contributing to a multitude of long-term mental and physical concerns. Residential facility teachers and staff have the unique opportunity to create trauma-informed spaces - safe, healing environments in all aspects of a youths' life during their stay. Trauma-informed spaces may help youth develop healthy relationships, build resilience, and increase social and emotional skills, all establishing a foundation for future success in their home, school, and community. This article provides suggestions for incorporating trauma-informed strategies across all spaces of the facility to mitigate the negative effects of trauma using Harris and Fallot's (2001) five core values of safety, trustworthiness, choice, collaboration, and empowerment.

Keywords: trauma, trauma-informed care, trauma-informed spaces, residential facility, juvenile justice

Creating Trauma-Informed Spaces for Youth in Residential Programs

Although stress is an important aspect of childhood development, extreme amounts of stress can be toxic. Toxic stress is "extreme prolonged adversity in the absence of a supportive network of

adults to help the child adapt” (Souers & Hall, 2016, p. 22). Trauma occurs when toxic stress interferes with typical brain development, resulting in psychological, emotional, and/or physical effects (Perry & Szalavitz, 2017). When activated by stress, the primitive part of the brain prepares the individual to move into defensive mode by hardening posture, increasing heart rate, and breathing. The part of the brain responsible for thinking and communicating is shut down, causing the individual to react in ways to fight the threatening event rather than processing the implications of their actions. Like muscles, the part of the brain most frequently used is the strongest and most likely to be employed during daily activities (Perry & Szalavitz, 2017). When youth are exposed to chronic toxic stress, the trauma causes their brains to be in protection mode at all times, causing difficulty in concentrating, learning, using social skills, sleeping, dysregulation, and aggression (Nemeroff, 2016). Prolonged exposure to toxic stress also increases the individual’s risk for developing psychiatric disorders, substance abuse problems, and/or medical disorders (Nemeroff, 2016).

Over 90% of youth in residential facilities (e.g., residential children’s treatment centers, juvenile justice facilities) have experienced a range of 2.3 to 5.8 traumatic events prior to residential placement (Barnett et al., 2018). Examples of traumatic events youth may have experienced include abuse, neglect, household substance abuse, exposure to domestic violence, and parental loss through death, incarceration, abandonment, or divorce (Nemeroff, 2016). Increased exposures to traumatic events often lead to a) illnesses such as obesity, migraines, cardiovascular disease, and diabetes (Nemeroff, 2016); b) behavioral disorders such as anxiety disorder, depression, mood disorders, substance abuse disorders, and post-traumatic stress syndrome disorder (Nemeroff, 2016); c) academic delays such as difficulty reading, writing, solving abstract problems, setting and following through on goals, and maintaining focus and attention (Rossen, 2020); and d) difficulties forming and maintaining healthy relationships with both peers and adults (Rossen, 2020). Youth enter facilities with fractured relationships with adults in school, home, and community settings who have broken and damaged their trust, further contributing to youth traumatic exposure. Residential facility teachers and staff, (henceforth referred to as staff) have a monumental task of forming positive, healthy connections with the youth in their care. Direct or observed experiences within the facility such as restraint/seclusion, staff turnover, forced participation in activities, exposure to other youths’ outbursts, and services provided by untrained staff (Barnett et al., 2018) may retraumatize youth and reinforce

previously learned negative coping mechanisms. Agency and facility personnel should examine current practices to ensure their practices are conducive to creating an opportunity for youth and staff to form healthy, healing relationships through implementation of trauma-informed practices in all facility spaces.

Trauma-informed care requires systemic adoption of practices promoting a culture of non-violence, academic achievement, and collaboration (Bryson et al., 2017) as well as providing an environment for youth to form healthy attachments with caretakers, reversing many of the long-term negative impacts of trauma (Perry & Szalavitz, 2017). Trauma-informed spaces across all facility areas may increase youth willingness to participate in programming by providing an environment where youth feel safe to take risks and work toward academic and social growth rather than relying on practices such as restraint and seclusion that may be re-traumatizing for youth and staff (Bryson et al., 2017).

With the recognition of prior trauma experienced by many youth in residential facilities, more and more facility personnel are infusing trauma-informed care into their mission statements and daily practices. One example is Cutchins Programs for Children and Families (2020) mission statement, “To help children and families transform significant emotional distress into increased resilience, hope and quality of life. To support the healing and learning process with innovation and integrity, and to serve as a model for best and promising practices”. Such infusion may result in the creation of trauma-informed spaces within the facility providing youth with opportunities to form supportive relationships with adults, facilitating healing from trauma, and increasing likelihood of successful reintegration into their home community. The Council of Juvenile Correctional Administrators (2017) called for the nation-wide adoption of trauma-informed strategies seeking to a) increase youth physiological and physical safety; b) teach youth to manage big (e.g., fear, anger, shame, disgust) emotions; c) guide youth to make connections between their behavior and trauma histories; d) respond to the impact of trauma as it relates to forming relations with others; e) provide for a continuum of services across all systems (e.g., foster care, mental health care, legal care, public education); f) conduct comprehensive trauma assessment, screening, and progress monitoring; g) facilitate the development of healing relations with others; and h) provide support for the youths’ family (see Table 1 for additional trauma resources).

Table 1

Trauma Resources

| Resource | Description | Website |
|--|--|---|
| SAMHSA's concept of trauma and guidance for trauma-informed approach | <i>Offers definition and guidance for trauma-informed care across a variety of settings</i> | https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884 |
| Child Trauma Academy | <i>Provides education and information regarding the impact of childhood trauma.</i> | https://www.childtrauma.org/ |
| Adverse Childhood Experiences (ACEs) | <i>Defines ACEs and provides resources to decrease the impact of ACEs</i> | https://www.cdc.gov/violenceprevention/aces/index.html |
| Institute on Violence, Abuse, and Trauma | <i>Lists training opportunities for practitioners and staff serving at-risk populations.</i> | https://www.ivatcenters.org/trainings-offered |

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| Mindfulness Activities and Interventions for Children | <i>Provides principles, practices, and interventions related to implementing mindfulness across a variety of settings.</i> | https://www.waterford.org/resources/mindfulness-activities-for-kids/ |
| Principles of community-based behavioral health services for justice-involved individuals: A research-based guide | <i>Provides resources and guidance for trauma-informed care within the juvenile justice system</i> | https://store.samhsa.gov/sites/default/files/d7/priv/sma19-5097.pdf |
| National Childhood Traumatic Stress Network (NCTSN) | <i>Offers free training regarding evidence-based practices related to trauma-informed care.</i> | https://learn.nctsn.org/ |
| Integrating a trauma-informed approach within a PBIS framework | <i>Provides strategies for linking trauma-informed care within a PBIS Framework.</i> | https://www.pbis.org/resource/integrating-a-trauma-informed-approach-within-a-pbis-framework |

| | | |
|---|--|---|
| Trauma-informed teaching: A whole school approach | <i>Illustrates the whole-school approach to trauma-informed teaching.</i> | https://www.edutopia.org/article/inside-look-trauma-informed-practices |
| Applying a trauma-informed framework to the IEP process: From referral to development | <i>Provides resources for integrating trauma-informed practices in all stages of IEP development.</i> | https://www.shoplrp.com/product_p/300723.htm |
| Self-regulation and toxic stress strategies | <i>Describes self-regulation implementation strategies for a variety of ages/developmental levels.</i> | https://www.acf.hhs.gov/opre/research/project/self-regulation-and-toxic-stress-series |

A method of embedding trauma-informed care within a facility's mission is utilizing Fallot and Harris' (2001) Creating Cultures of Trauma-Informed Care Approach and accompanying self-assessment and planning protocol that describes five core values for creating trauma-informed spaces: a) safety, b) trustworthiness, c) choice, d) collaboration, and e) empowerment. These values may be adopted and adapted for implementation in any residential facility, resulting in a systemic trauma-informed approach to programming. Several entities serving youth with past traumas in residential facilities have adapted this approach and values. For example, Trauma Informed Oregon (2020) used the five core values to develop a sustainable trauma-informed care approach in their statewide child and family services while the Institute on Trauma and Trauma Informed Care (2020) encouraged implementation of the five core values in New York child welfare systems to avoid re-traumatizing practices such as restraint and seclusion. The five core values may build on existing facility programming with adaptations in creating a safe physical

and emotional environment for all youth, teaching and modeling how to build trusting relations between staff and youth, promoting youth choice and voice throughout all aspects of their programming, ensuring facility-wide collaboration across staff disciplines and spaces, and empowering youth to set and work towards their programming goals. Residential facilities have the ability to become trauma-informed when staff have improved understanding of the impact of youths' prior traumatic experiences and how they may infuse the five core values across all spaces and activities, implementing such values to create a facility-wide trauma-informed approach (Institute on Trauma and Trauma Informed Care, 2020). Facilities create trauma-informed spaces by understanding the meaning of each value, as it relates to facility procedures and practices, and integrating strategies that infuse the five values into all daily activities as implemented by all staff.

Safety

According to the Substance Abuse and Mental Health Services Agency (SAMSHA, 2014), safety occurs when everyone (staff and individuals) feels safe, both physically and emotionally in the physical environment. Staff in residential facilities have the unique opportunity to control the environment in a manner so youth may begin to engage the complex area of their brain, the frontal cortex, to more frequently and positively impact learning, memory, mood, and relationship skills (Souers & Hall, 2017). This promotes youth healing from trauma, and provides them opportunities for improved physical, psychological, social/emotional, and academic outcomes while being served in the facility. To accomplish this, staff within these facilities need to operate under a framework that provides youth with felt safety. Felt safety occurs “when you arrange the environment and adjust your behavior so your children can feel in a profound and basic way that they are truly safe” (Purvis, 2007, p. 48.). Staff in residential facilities can create felt safety through many means.

Visual Environment

Staff may begin with the facility visual environment – the whole facility/anywhere youth may be – to enhance or create felt-safety. All areas of a facility should be “warm and reminiscent of a home residence” (Hodgen et al., 2013, p. 682). For some youth, this may be their first example of a safe, healthy environment. Even given the security parameters per policy of what items can

(permissible) and cannot (contraband, items which may be used for self-harm or harm to others) be in the facility, staff do have some flexibility. For example, to replicate typical home décor, photographs of group activities featuring current residents could be hung in the recreation room, dorms, and in the multi-purpose room. If individual frames and glass with nails affixed to the wall cannot be used per safety policy, a bulletin board with safety plexiglass or Velcro could be used to protect and affix the pictures. In addition, pictures of staff interacting with the youth during regular programming activities could be included and would serve as a visual reminder of how staff and youth work and play together.

Posters depicting trauma-sensitive phrases can be hung throughout all facility environments and referred to in the midst of challenging situations by staff and youth (see Table 2), providing visual reinforcement and reminders of the facility’s trauma-informed focus and youth treatment and programming. Also, staff may utilize a “brag board” in both the residence and the school environments. The brag board in the residence could feature celebrations of progress towards individual and group social and emotional goals developed during group or individual therapy, while the school brag board could display youth’s progress towards their academic goals, courses completed, and certificates earned. When possible, the facility walls should be painted using vibrant colors and be differentiated across rooms to avoid institutionalized ambiance. Some facilities have youth and staff design and paint inspirational murals of hope, perseverance, and resilience to further hone felt-safety as part of their art therapy groups.

Table 2

Trauma-Sensitive Phrases

| Value | Phrase Examples |
|--------|---|
| | <i>“I’m not mad, breathe.”</i> |
| Safety | <i>“You are trying to be in charge. Is something worrying you?”</i> |

“Kind words and actions, please.”

“I am ready to help.”

Trustworthiness *“I like helping you.”*

“What do you need right now?”

“Here are your options.... make a choice that’s best for you.”

Choice *“It’s okay to take a break from this.”*

“How does your body want to move? Which calming strategy would help you?”

“I want to help you with this.”

Collaboration *“Together let’s pretend to smell the soup and blow on the soup.”*

“Let’s pretend to move this wall together.” (diverting aggression safely)

Empowerment *“I know you’re capable of doing this.”*

“You’re allowed to feel this way.”

“Look what you were able to feel through... (strategy)” (for use during debriefing)

Adapted from Alexander, J. (2019). *Building trauma-sensitive schools: Your guide to creating safe, supportive learning environments for all students*. Paul H. Books.

Physical Environment

When considering the physical layout of the facility, there should be dedicated spaces across all areas where “we can grant [youth] the permission and provide a safe place where they can just be not ok” (Souers & Hall, 20016, p. 153). Such safe places are not to be confused with time-out/confinement rooms but instead be physically defined places with soft seating, noise-cancelling headphones, weighted blankets, a pad for drawing, books, and fidget items encouraging youth to practice relaxation, coping skills, and de-escalation strategies (Rossen, 2020). These places can be defined areas in the milieu, in separate rooms, or other common and accessible areas (e.g., a corner area of a room). The safe place walls should have posters with grounding, breathing, and other mindfulness activities, providing the youth visual self-regulation cues and activities they may accomplish while in the safe place. When youth are in the safe place, staff should monitor for safety but not engage with the youth unless youth request it. If debriefing is necessary, it should occur after the youth leaves the safe place. All staff members will need to teach youth appropriate use of the safe place through explicit instruction in warning signs that they may need a break, how to appropriately ask for a break, behavioral expectations while in the safe place, what signifies the end of the break, and behavioral expectations for re-joining programming. All of these processes need to be built into policy with staff trained on the procedures. When an experience (e.g., structured mealtimes, other youth outbursts, directives to complete activities or assignments) triggers a trauma response, causing youth to feel

overwhelmed or dysregulated, they then have a place to be not ok and process their feelings without punishment.

Auditory Environment

The auditory (i.e., sounds) environment also should be considered to increase youth felt-safety. Youth may associate auditory disruptions (e.g., youth outbursts, firm staff reprimands, voice/noise volume) with past events in which they felt unsafe, triggering them and leading to a period of dysregulation. Staff may improve the auditory environment by using earpieces linked to their walkie-talkies to limit the audible noises and codes transmitted through the walkie-talkies which may trigger youth due to their institutionalized nature. Quiet, calming music may be utilized in residence and classroom environments to soften the auditory environment by taking focus from environmental noises that are out of staff's control (e.g., buzzing from locked doors opening/closing). Staff may make further improvements to the auditory environment through the provision of behavior specific praise to all youth in all areas of the facility and across programming. Caldarella et al. (2019) suggests that youth with or at -risk for emotional and behavioral disorders may require 9 positive praise statements for every reprimand to improve engagement. By utilizing the 9:1 ratio facility-wide, youth engagement in the overall programming would increase; thus, increasing time on-task in academic and therapeutic settings (Caldarella et al., 2019). A facility rich with frequent auditory praise increases self-esteem and adds to the supportive, safe culture of the facility (Caldarella et al., 2019) while filling the facility with positive noise. Youth at residential facilities often engage in or have histories of high rates of antisocial behavior, so it is crucial for staff to remember to look for positive behaviors and those behaviors at the youth's functioning level and not compared to typically developing peers. Program administrators can model and reinforce staff praising behavior by following the same praise ratio in their interactions with staff members. The high levels of praise from program administrators enhance the supportive, safe culture and will increase staff members' engagement with facility programming as well as their use of auditory praise with youth.

Trustworthiness

According to SAMHSA (2014), trustworthiness is built through clarity and consistency in all organizational procedures. Supportive, safe relationships with adults are crucial in helping youth

heal from trauma. Perry and Szalavitz (2017) state, “the more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love” (p. 258). Since healthy relationships are built on trust, one of the primary focuses of the facility’s mission should be to develop trust between staff and youth through positive staff-to-youth relations. Facility policies, shared language, and procedures should develop trustworthiness by ensuring consistency of services across all domains of the facility, having transparent expectations and responses, and enabling staff to build and model healthy relations with youth (Harris & Fallot, 2001); thus, creating a safe and predictable therapeutic environment.

Consistency in Expectations

Consistency across all environments lays the foundation for developing transparent, trusting relations between staff and youth. Facility-wide positive behavioral interventions and supports (FW-PBIS) provides a multi-tiered system of support framework for increasing consistency in practices and positive, proactive language across all domains of the facility (Jolivet et al., 2016). A hallmark practice of FW-PBIS is having clearly defined behavioral expectations for youth and staff members (Jolivet et al., 2015). Facility-wide expectations answer the youths’ need for consistency by ensuring the youth know exactly what is required of them to meet expectations and the consequences for meeting, or failing to meet, requirements (Jolivet et al., 2016). When youth meet behavioral expectations, staff must reinforce them consistently, using the same menu of contingent reinforcers across all domains to avoid triangulation of staff. Tiered interventions to support the youth in engaging in the desired positive behavior should be consistently implemented in all areas of the facility. Such tiered practices should include those with a trauma-focus to ensure that the whole youth, or all domains, are addressed (Jolivet et al., 2016; Jolivet et al., 2020a). FW-PBIS, when implemented consistently and with fidelity has increased positive staff-to-youth relations by improving staff interactions with youth and decreasing youth behavioral incidents (Kimball et al., 2017).

Day to Day Consistency

Trustworthiness and transparency may be further developed by providing staff and youth with daily schedules in both the school and residence setting. The residence schedule should model a

typical family-based home schedule, including times for chores, homework, structured activities, and free play. A structured schedule in the residence provides youth with heightened success in their programming and treatment through eliminating unstructured time that may lead to misbehavior. During education hours, the schedule should mirror those in typical, community schools and include grade-level academic expectations and Individual Education Program (IEP) accommodations for those with educational disabilities - all to prepare youth for the home and school requirements upon discharge. For those youth with disabilities, there are additional resources to assist in implementing trauma-informed IEPs (see Table 1 for example resources). Group and individual therapy should be a part of the schedule and occur at the scheduled time, as if the therapy was provided in an outside setting. If schedule changes occur, the youth should be prepared in advance to minimize triggering trauma or misbehavior. Timers to signify transition, non-contingent breaks, sensory activities, and mindfulness exercises should be utilized and embedded in the residential schedule (Rossen, 2020).

Consistency in Interactions

Facility staff are first responders of healing and may be the first example of a positive adult relationship for youth in residential facilities. During periods of youth disruptive dysregulation, staff should model appropriate behaviors to manage dysregulation and strategies to restore damage to the relationship when youth dysregulation occurs (Souers, 2016). Staff may strengthen trusting, healthy relationships with youth while providing support for developing self-regulation skills through co-regulation (Rosanbalm & Murray, 2017). Co-regulation is “the supportive process between caring adults and children that fosters self-regulation development” (Murray, 2017 p.1). When youth experience strong emotions (e.g., fear, anger, surprise, confusion), staff working with them during the emotional display co-regulate when they validate youth feelings by naming their emotion, reassure the youth that their relationship is not behavior dependent, remain calm during emotional moments, and reinforce self-regulation (e.g., whole body breathing, grounding activities, positive self-talk, and taking a break). Statements such as, “I know you’re frustrated that you are missing your visit this weekend. Let’s take a few deep breaths and I will be here when you are ready to talk” or “It’s ok to be angry that we aren’t going on an outing tonight. Would you like to squeeze the stress ball with me?” Another example is “Math frustrates me too. Let’s take a break and work on another activity and I will help you with

math in a few minutes.” Statements like these will validate their feelings, while providing reassurance of a consistent presence during periods of heightened emotion (see Table 2 for other statements for staff relevant across the 5 core values which may have been made into posters). Staff must utilize personal self-regulation strategies to remain calm and compassionate in the presence of youth’s escalation to implement co-regulation strategies effectively (Rosanbalm & Murray, 2019). For example, a staff member working with an escalated youth may need to step back and take five deep breaths before responding to the youth’s verbal outburst. Remembering youth typically display extreme emotions in the presence of a safe staff member with whom they have developed a trusting relationship may help staff remain calm during emotional outbursts by focusing on continuing to reinforce their trustworthiness rather than taking the youth’s words and actions personally.

Youth Choice

Choice occurs when youth are encouraged to make decisions related to their treatment and staff foster youth self-advocacy through delivery of their choice across all settings (SAMHSA, 2014). A defining feature of a traumatic experience is the individual’s loss of control; therefore, a critical aspect of healing from trauma is in regaining a sense of control (Perry & Szalavitz, 2017) such as through the provision of choice-making opportunities. Staff have ten different types of choice-making opportunities (Jolivet et al., 2020b; Jolivet et al., 2002) to select from which a) do not alter the objectives of the activity and b) can be delivered across the day and in different contexts to ensure youth have a voice in some aspect(s) of their daily routine. The provision of choice-making opportunities in residential facilities across domains has been effective in improving youth behavior (e.g., academics, Ramsey et al., 2017; Ramsey et al., 2010). Allowing youth to control some aspects of their programming may decrease negative behaviors because a perceived loss of control is often triggering for youth impacted by trauma.

Treatment and Programming

Youth should have predictable and planned opportunities to make choices related to their treatment and programming (Harris & Fallot, 2001). In many cases, youth in facilities have very little control over anything in their daily schedule (e.g., when to wake up/go to bed, what to eat, what courses to take, when/what to watch on tv, what sport to play during recreation). Youth

may benefit from having perceived control over some aspects of their daily treatment and programming (e.g., Jolivet et al. 2020b). For example, youth voice could be cultivated through opportunities for them to be active members of their IEP and/or treatment teams. In the school setting, youth could lead their IEP meetings by identifying their behavioral and academic growth, describing continued behavioral and academic challenges, and advocating for accommodations needed related to their disability (Davis, 2019). Similarly, youth may facilitate their treatment team meeting by starting the meeting, identifying their strengths, sharing progress towards their short and long-term goals, and identifying personal areas of growth. Developing these skills increases self-awareness, self-advocacy, and motivation (Davis, 2019) all supporting trauma-informed spaces as well as fostering skills needed for successful reintegration to their home school or community. Other avenues for incorporating youth choice and voice is providing comment/suggestion boxes in various accessible areas in the facility, allowing them to make decisions related to facility activities and management, their courses or high school exit options, and requesting regularly scheduling individual meetings with their case manager or counselor to voice their preferences for treatment and programming. Such comment/suggestion boxes are not be confused with grievance boxes as those are to point out disagreements while the other is to empower youth to have a say in their daily routines and treatment plans. The staff facilitating these meetings also could use this time to make youth aware of completion dates for groups, classes, and therapy well in advance, allowing opportunities for the youth to prepare for potentially triggering situations, and to make choices related to closure.

Leadership Opportunities

To fully heal from trauma, youth need the opportunity to recognize and develop their strengths so they may focus energy on moving past their traumatic experience(s) to make and realize their current and future positive contributions to their community (Souers & Hall, 2016). Providing youth with meaningful leadership opportunities allows them to make choices about how to contribute to the facility, recognize and build on their strengths, and increase self-esteem. Leadership opportunities that provide an integral service to the function of the facility as well as those mirroring leadership opportunities in less restrictive settings will help the youth learn a) they can make a meaningful impact on their community and b) how to begin to repair their self-esteem damaged through their traumatic experiences (Perry & Szalavitz, 2017). Job

opportunities (e.g., FW-PBIS leadership team member, service project coordinator, greeter, school librarian, reading announcements/meal menus) should be posted in a central location so the youth may apply for preferred jobs. Requiring the youth to apply and interview for the job will help them learn skills critical to their success on discharge and require youth to have strengths-based conversations with staff. Such strength-based conversations reaffirm their worth, growth, and positive staff relations. To make further connections with real-world experiences, staff members monitoring the leadership job should provide youth guided reinforcement upon satisfactory completion of the job in a transparent and consistent manner. For example, youth could earn time with a preferred staff on Saturday after satisfactorily completing their jobs Monday through Friday.

Facility-Wide Collaboration

Collaboration amongst facility staff, youth residents, and youth families is a critical component in organizationally transforming a residential facility to be trauma-informed (Menschner & Maul, 2016). Such collaboration is broadly based on a shared vision, long-term commitment, resource sharing, and evidence-based lens of and for adopting trauma-informed care (Dinh, 2020) with consistent and clear communication. Collaboration may be broadly defined as a set of individuals or a team working together for a common goal; in this case, the goal is to create a trauma-informed space within the residential facility. A team may be formed within the residential facility to facilitate the shift to a trauma-informed space with such stakeholders as a direct care staff representative from each discipline, several current youth residents representing the different age ranges served, past residents, current and past guardians/family members (e.g., siblings, grandparents), and community partners (e.g., local mental health providers). Thus, a collaborative facility-wide team would have representatives with expertise from different specialties involved in trauma care or personal experience with trauma. Collaboration may take many forms at different times and may be considered cross-agency collaborative efforts (Olafson et al., 2016).

Prior to and upon entrance

The residential facility may partner with those who screen youth for trauma prior to entrance and upon entrance. For example, Menschner and Maul (2016) state “it is essential that providers

within a given community or system of care work together to develop a trauma-informed referral network” (p. 7). This network can then build upon each other’s trauma expertise to help build trauma-informed spaces within the facility based on youth and family case histories and intake data.

Transitional services for release

It would be important for the residential facility to share descriptions of and processes for the trauma-informed spaces which were helpful to the youth when preparing for their discharge. Such sharing could be incorporated into transition planning and transition meetings, contact, and correspondence with the next placement (e.g., family home, group home, shelter care) for the youth. This sharing could be conducted with Memorandums of Understanding or other agreements. Such sharing sets the stage for a continuance of care which is important for youth who have experienced trauma. However, the majority of collaboration will occur once youth are admitted to and receiving services within the facility.

Within facility supports

For residential facilities implementing FW-PBIS or another multi-tiered system of support framework, identifying, adopting, adapting, and implementing trauma-informed approaches to facility space would be a natural outgrowth of such teams (Brennen et al., 2019). Within facility supports for trauma-informed spaces could be provided through specific facility/organizational-wide trauma models or tiered-trauma practices based on the work of the collaborative team.

Facility/organizational-wide trauma approaches

The team may decide that a facility-wide approach to trauma is necessary to meet the needs of the youth served within the facility. This approach would mean that every youth receives trauma-informed treatment and programming as part of their daily schedule which is delivered by staff across disciplines, activities, and times. Menschner and Maul (2016) cite six essential components for such an approach: “1) leading and communicating about the transformation process, 2) engaging [youth] in organizational planning, 3) training clinical as well as non-clinical staff members, 4) creating a safe environment, 5) preventing secondary traumatic stress in staff, and 6) hiring a trauma-informed workforce” (p. 2). A few examples of best practice

facility/organizational-wide trauma models include a) Attachment, self-Regulation, and Competency (ARC: Kinniburgh et al., 2005) b) Sanctuary (Bloom, 2013), and c) Children and Residential Experiences (CARE: Holden, 2009) (see Table 3 for additional facility-wide trauma models).

Table 3

Trauma-informed Evidence-based Interventions/Frameworks for Facility-Wide Implementation

| Evidence-Based Practice | Description | Website |
|--|--|---|
| Child-adult relationship enhancement (CARE) | <i>A program intended to complement existing therapy services to improve youth-caregiver relationships</i> | https://www.ccfhnc.org/programs/pcit-care-training/#care |
| Attachment, regulation, and competency (ARC) | <i>A flexible framework developed for trauma-exposed youth in residential placements</i> | https://arcframework.org/ |
| Trauma-focused cognitive behavioral therapy | <i>A specialized therapeutic approach for youth displaying trauma-induced behavior</i> | https://tfcbt.org/ |
| The Sanctuary Model | <i>A model used to provide a trauma-informed approach facility-wide</i> | http://www.sanctuaryweb.com/ |
| Trauma affect regulation: Guide for education and therapy (TARGET) | <i>A trauma-informed educational and therapeutic approach helping youth and adults understand and regulate trauma related triggers</i> | http://www.advancedtrauma.com/Services.html |

| | | |
|--|---|---|
| Trust-based relational intervention (TBRI) | <i>A trauma informed program addressing physical needs, attachment needs, and corrective principles for trauma-induced behavior</i> | https://child.tcu.edu/about-us/tbri/#sthash.yF5OnsnO.dpbs |
|--|---|---|

Tiered trauma practices

A tiered approach to a trauma-informed space means that a collection of trauma-informed practices would be identified by the team based on their empirical evidence, each practice would be assigned to one of the multi-tiered system of support tiers [tier one: universal, delivered to all youth; tier two: targeted, delivered to some youth in small groups, intensified, and in addition to the tier one supports; tier three: intensive, delivered to a few youth one-on-one or small groups, intensified and high dosage, and in addition to tier one and two supports) (e.g., Chafouleas et al., 2016). A few examples of best practice tiered trauma practices include a) Trauma Affect Regulation: Guide for Education and Therapy (TARGET: e.g., Ford & Hawke, 2012), b) Cognitive Behavioral Intervention for Trauma in Schools (CBITS: Jaycox et al., 2018), c) Structured Psychotherapy for Adolescents responding to Chronic Stress (SPARCS: DeRosa & Pelcovitz, 2008), and d) Trauma Systems Therapy (TST: e.g., Saxe et al., 2006) – the specific tier for a practice would be dependent on youth data (e.g., Jolivet et al., 2020a; Kumm et al., 2020). When all facility staff work together with a common goal – creating trauma-informed spaces – improvements across Harris and Falloot’s (2001) other four core values can be seamlessly achieved. Facility-wide collaboration breaks down the known silo’s operating across the different disciplines in residential facilities (e.g., education, security, treatment, mental health) to promote improved youth outcomes, equity in programming, improved climate and culture, and universal trauma-informed approach. This collaboration should be rooted in goal-setting, progress monitoring the implemented trauma-informed approaches, and improving upon trauma-informed policies and procedures.

Youth Empowerment

Empowerment occurs when the organization uses a strengths-based approach to internalize a belief that individuals can heal from their trauma background, develop resilience, and set and meet goals (SAMHSA, 2014). Staff in facilities often attempt to “fix” problems or make things easier for youth in efforts to compensate for the traumatic experiences in the youths’ past. The practice of “sewing their pillows” (Souers & Hall, 2016), often stemming from compassion, is actually disempowering as it may develop learned helplessness in youth and sends the message that if they act up enough or wait staff out, someone will do the hard things for them. Inversely, staff may empower youth through using a strengths-based approach to teach goal setting and resilience. Staff utilize a strengths-based approach through highlighting youth’s positive qualities and success, increasing the likelihood of recurrence (Souers & Hall, 2016), rather than focusing on their deficits.

Youth served in residential facilities are accustomed to hearing what their emotional, behavioral, and academic deficits may include. For example, treatment team meetings often begin by describing the youth’s negative behaviors at the school and in the residence areas. Staff and youth can collaborate to develop personal (e.g., completing a set number of assignments independently, completing morning/evening routine independently) and group (e.g., keeping the total number of collective critical incidents below a set number, collectively working a set amount of hours in their leadership jobs) goals and create measurable steps to meet the goals – with the youth leading activities to reach each goal. As youth make incremental steps toward meeting the goals, staff and youth should celebrate forward movement, sustaining momentum for continued dedication to the goals. Youth should have access to meaningful data that shows their growth in their goal areas relative to their starting point and they should be taught how to reset from a set-back in order to continue working towards a goal. Staff may model this process by selecting a personal goal and allowing the youth to monitor staff progress towards the goal (e.g., staff saying providing youth nine behavior specific statements for each redirection/negative statement). For example, a staff member training for a marathon, may have the youth map out the daily training schedule, tracking the staff member’s success in completing the daily training runs. When the staff member misses a training run, he or she can show the youth how to readjust the remaining training runs for that week to continue to make progress towards the goal of completing a marathon. Teaching goal setting to youth may develop resilience, which is the ability to recover from a setback or a challenge while making progress towards goals (Souers &

Hall, 2016). For example, a youth might have a goal to avoid taking things that do not belong to them and experience a setback when they take a pencil from another youth's desk. They can recover from the set back by returning the pencil and internalizing a statement such as "I did not meet my goal today, but I will try again tomorrow". Such examples highlight how staff can empower youth to address life challenges, including past disappointments and trauma.

A strengths-based approach helps foster growth in goal setting and resilience building. As staff hear about a youth's history, it is easy to focus on the emotional response to the stories. Youth are more than their trauma and the details of their story should not cause staff to develop preconceived notions about the youth's future (Souers & Hall, 2016). Staff should always communicate, in both words and actions, that they are not worried about what happened in the past to the youth but in watching the youth experience success with current program goals. All behavioral conversations should begin with a positive statement relating to the current situation, then identify the area of growth, and end with a statement communicating their belief in the youth's ability to work towards the area of growth. For example, "I noticed that you were focused and on-task during your writing assignment today. I noticed that you got distracted during math. I believe you will be able to remain on-task in math and reading tomorrow". When youth are surrounded by a team of people who believe in them and encourage them to work towards their academic, social, and emotional goals, they will develop the capacity to believe in themselves.

Conclusion

Practices that enhance safety, trustworthiness, choice, collaboration, and empowerment creates trauma-informed spaces - a healing environment for youth in residential settings (Harris & Fallot, 2001), increases youth willingness to participate in facility programing, and may decrease the use of restraint and seclusion (Bryson et al., 2017). Trauma-informed strategies are more powerful when implemented facility-wide as consistency and predictability are key components of youth felt-safety, and in developing trusting relationships between youth and staff. Residential facility staff may create and provide trauma-informed spaces conducive for youth healing from past trauma by examining current facility policies and procedures, aligning them with the five core values (safety, trustworthiness, choice, collaboration and empowerment), keeping the practices that compliment these values, and committing to replace the practices not

complimenting the values. Staff from each discipline (e.g., units/dorms, education, recreation) should collaborate and each adopt one of these core values to address the trauma needs of their youth. As the discipline develops strategies and procedures for implementing the selected value, utilizes the strategies and procedures within their area, and revise any aspects of the strategy not working, they can then train other disciplines to use their strategies, gradually moving to facility-wide implementation of practices complimenting all five values. Future researchers may include youth and staff perspectives on the impact of such facility-wide trauma-informed spaces for sustainability and capacity-building purposes.

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Acknowledgements

Portions of this or previous month's ***NASET's Special Educator e-Journal*** were excerpted from:

- Center for Parent Information and Resources
- Committee on Education and the Workforce
- FirstGov.gov-The Official U.S. Government Web Portal
- Journal of the American Academy of Special Education Professionals (JAASEP)
- National Collaborative on Workforce and Disability for Youth
- National Institute of Health
- National Organization on Disability
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Education
- U.S. Department of Education-The Achiever
- U.S. Department of Education-The Education Innovator
- U.S. Department of Health and Human Services
- U.S. Department of Labor
- U.S. Food and Drug Administration
- U.S. Office of Special Education

The **National Association of Special Education Teachers** (NASET) thanks all of the above for the information provided for this or prior editions of the Special Educator e-Journal