

NYSSCA EDGE

January 2022 | Issue 4

Highlighting
***Best
Practices***
used by
***School
Counselors***
from around
New York State

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In this issue..

- 04** **A message from the NYSSCA President & Letter from the Editor**
- 06** **Editorial: EDGE Senate Testimonial Article**
Dr. Robert Rotunda
- 08** **The Power of Youth Voice: Stories from the Pandemic**
Hennessey Lustica, Ali Hearn, Sharihan Ashkar
- 12** **Opinion: Gender Inclusion is a Human Right**
Jack Simons, PhD
- 18** **Chunking: Incorporating Restorative and Trauma Centered Practices in Elementary Counseling Groups**
Lysa Mullady
- 24** **Lets talk about Race: Engaging Our School Communities in Courageous Conversations About Race**
Nicole N. Henningham
- 30** **School Counselor Wellness: Keeping Healthy for Work**
Jack Simons
- 34** **Creating an Ethical, Equitable and Inclusive Environment for LGBTQIA+ Students**
Anna Howard
- 38** **Trauma-Informed Schools: Supporting student with Adverse Childhood Experiences**
Pamela Wenger
- 44** **Youth Mental Health: Nothing Less Than a Crisis**
Tami Sullivan, PhD

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www.NYSSCA.org

A Message from the NYSSCA President

Dear NYSSCA Members,

Happy New Year to you!

We are proud to present the latest edition of our Best Practices newsletter, the NYSSCA Edge. Over the past two years we have weathered the storm supporting students and families through the COVID pandemic. Our work is still not over. We are the leaders in helping the community who know we have the expertise and experience to guide their children towards the promised land. Each and every day I look for the end of this pandemic and hope that we will get to see your smiling faces in-person. It was great to see so many of you at our annual conference this past November at the Turning Stone. We had an amazing learning and sharing experience with all of you who attended. Congratulations to all of award winners and their families.

NYSSCA is proud of the continued commitment you have to counseling. This year, we are aiming to highlight our members through our various social media platforms culminating in a video during National School Counseling Week. If you have not already, please complete the [I AM NYSSCA Campaign](#) form.

Upcoming Events:

- Elementary Counselor Roundtable with Lysa Mullady; January 12th 5-6 p.m. via Zoom. [Register](#)
- National School Counselor Week February 6th – 11th
- CHAMP Camp Express-YOUR PROGRAM BACKBONE: Principal Counselor Relationship, February 7th, 4-5 PM [Register Here](#)
- CHAMP Camp Express-NAVIGATING ETHICAL STANDARDS in the New Climate March 28th 4-5 p.m. [Register Here](#)
- Save the Date for our Annual Conference to be held on Nov 17-19 at the Albany Hilton.



Please visit the new [NYSSCA website](#), [NYSSCA Store](#), and our social media platforms: [NYSSCA Facebook](#); [LinkedIn](#); [Twitter](#); [YouTube](#)

We are honored to support you our NYSSCA family.

Sincerely,
Mark Mason

National School
Counselors week
is
Feb 7-11, 2022.

*Thank you for all
of your hard work
and dedication!*



A letter from the Editors

Dear NYSSCA Members,

We take great pleasure in welcoming you to the 2022 4th edition of the NYSSCA EDGE Magazine. NYSSCA has created this support for school counselors with this biannual publication with the intention of providing a space for the generation of knowledge, dialogue, and collaboration among the New York State school counseling community. We are extremely pleased that this edition features articles from school counselors in best practices highlighting their efforts and strategies. First, thanks are due to the NYSSCA board who have worked tirelessly to support and advocate for New York State school counselors, and who support the continuation of this publication. The immediacy of this e-based publication allows it to be an innovative tool to inform the work being done in schools around New York State and beyond. As we continue to navigate the challenges that the COVID pandemic brings to our work, this edition addresses the fall-out of pandemic-related disruptions and shares great ideas from the field in how to support the students and educators in your school. The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities and LGBTQAI+ youth. This edition is a testimony to the inclusive efforts of school counselors, educators and leaders across

the state in addressing the needs of those whose lives have been most disrupted. We are honored to share with our readers voices of youth from the field in how the pandemic-related disruptions impacted them, gender-inclusive curriculum as part of a comprehensive school counseling program, resources to support welcoming transgender and non-conforming students, advocacy efforts to adequately support students in making schools more equitable, restorative and trauma-informed practices, engaging schools in courageous conversations about race, creating equitable and inclusive environments for LGBTQAI+ students, youth mental health concerns and how to support them in the school and in our wellness corner, suggestions on how to keep a wellness focus in your work. In sharing these great ideas with you, we are aware that there are many more of you that are doing amazing work. We welcome you to share those ideas. Please consider contributing to the next edition of the EDGE Magazine. The Edge is an important publication that allows for practicing school counselors to share best practices in what they do to impact the lives of K-12 students. The old saying goes, "Knowledge is Power." The knowledge that you share will allow others to grow, enable others to stay motivated, enable you to be connected with experts, be recognized for what you do, and generate new ideas. Submit an article for consideration; if you have questions, send an email to EDGE@NYSSCA.org.

Sincerely,

Dr. Tami Sullivan, Chief Editor

Andrea Maynard, Design Editor

NYSSCA

Editorial

EDGE Senate Testimony Article

Robert Rotunda, *Ed.D*

Executive Director

New York State School Counselor Association

President Elect Elect Marjorie Miller and Executive Director Bob Rotunda had the opportunity to provide testimony at NYS Senate Education Committee Hearings in September and October. We were invited by Senate Standing Education Committee Chair, Senator Shelley Mayer and Senate Standing Committee on NYC Education Chair, Senator John Liu to provide written and verbal testimony.

The Education and Budget Committees held public hearings in Albany and NYC for the purpose of discussing how school districts are spending increased Foundation Aid and American Rescue Plan (ARP) funds that they received this year. NYSSCA did a survey of superintendents and school counselors and found that a majority of respondents said that their districts are not hiring school counselors, school social workers, school psychologists or school nurses with this funding. Details of our survey findings are included in our written testimony linked [HERE](#). We emphasized that an allowable & recommended use of ARP funds is to provide mental health services and supports, including through the implementation of evidence-based full-service community schools and the hiring of counselors.

We reminded the Committees that New York State has some of the newest and most comprehensive regulations governing school

counseling program in the nation. Part 100.2j of NYSED regulations went into effect on September 1, 2019, in most of the state and September 1, 2020, in New York City Schools and that these regulations require that ALL K-12 students have access to a certified school counselor and to a comprehensive program designed by certified school counselors. We highlighted other requirements of the regulations including school district accountability.

Included in the Regulation language as well as practice in the field, is the implicit idea that pupil personnel services in our schools is a team effort and includes the professions of certified school counselors, school psychologists, school social workers and school nurses. The need for these certified professionals is clear and the number and deployment of them will be unique in each setting based on student and community needs. Also implicit is that plans for school counseling program implementation will be unique in school districts and buildings in each locality because of differing levels of needs in each district.

This has become even more clear as students return from a year like no other. There are varieties of student and family needs and must be addressed by local school district using pupil personnel staff implementing their plans.

A recent Education Trust New York report shows that:

- ◆ Parents continue to be concerned about health and safety issues and the social-emotional development of their children — with heightened concern among Black and Latinx parents, whose communities have been disproportionately impacted by the pandemic.
- ◆ Parents, particularly Black and Latinx parents and parents from low-income households, are increasingly concerned about their child’s academic development and high school students’ transition to college and careers, and how the pandemic will affect their futures.
- ◆ As NY school districts are set to receive additional resources and federal funding, including funding through the American Rescue Plan Act (ARPA) and the Coronavirus, Response, and Relief Supplemental Appropriations Act (CRSSA), parents feel that it is important to prioritize academic and social-emotional supports for students.

These findings support previous studies showing that the pandemic only exacerbated previous inequities and concerns regarding services provided to low-income households.

[“Keeping Our Eye on Equity, Back to School, Not to Normal”, Education Trust New York, 2021](#)

To summarize:

- ◆ Too often, school counselors are not available to students of color and students from low-income families.
- ◆ Data shows that New York is a state where, generally, we have a good ratio of counselors at the secondary level, but that there is unequal access to counselors depending on the school district/school/geographic area.
- ◆ Data also shows that at an elementary level, ratios are nearly 1000:1 at this point because of a lack of school counselors at this level.

[“Why School Counselors Matter” The Education Trust, 2019](#)

We thanked the Senators for the opportunity

and reminded them that we found from our preliminary surveys of superintendents and school counselors that most districts have not added school counselors, school psychologists, school social workers or school nurses to their staffs this year. Some districts report a lack of qualified applicants and other report that they added positions in previous years. In order to get a better understanding of what services are provided, to whom, at what level, and where in the state, further research should be conducted.


We agree with the NYSPTA which says “The pandemic has drastically increased the need for mental health services for students for many reasons, including but not limited to trauma, loss of loved ones, isolation, depression, and anxiety. NOW is the time where we need MORE services for students, MORE counselors, social workers, psychologists and professional and support staff to see that each child, no matter their zip code, is adequately supported.” 2021

We look forward to a time when these services are fully funded for the benefit of all students. ■



The Power of Youth Voice: Stories from the Pandemic

Hennessey Lustica, PhD, LMHC
Ali Hearn, LCSW
Sharihan Ashkar



*T*he COVID-19 pandemic disrupted traditional schooling for students across the country. As educators quickly worked to develop academic recovery

teams, re-entry teams, and social emotional leadership teams, it became clear that planning for the needs of our youth was unlike anything experienced in our lifetime. In many spaces, various voices were invited to the table to plan the next action steps: families, caregivers, school staff, and community members. Yet the voice that represents the largest number and most critical population of those we serve in education, our young people, was consistently missing. Young people were not asked to be a part of Leadership Teams tasked with developing and establishing the “new normal” in school; what it would look like, sound like, and feel like as they returned from years of hybrid and virtual learning. While adults in education continued to talk about youth and what they needed, we decided to talk

to them directly to learn how to better support their mental health and wellness.

To amplify youth voice, we facilitated Youth Voice Listening Sessions with students across three states: New York, Illinois, and California. Drawing from indigenous practices rooted in an ethos of healing, community, and story-sharing we used Using restorative practice community Circles (known today as a practice on the Restorative Practices continuum) as the foundation of our work., We joined together elementary, middle, and high school students from rural, urban, and suburban settings to deeply listen to their experiences, thoughts, and suggestions. To account for a representative sample, we met with general education students, special education students, students in advanced placement classes, and students at alternative settings. Some Circles were held in person and others were facilitated virtually via Zoom, based on proximity and COVID guidelines at the time. After each circle, we processed how we felt as facilitators and what we needed to do to advocate for and amplify the important voices of our students.

The circles vacillated from heavy sadness and grief to optimism and hope. Students showed great compassion and empathy for each other and left each circle feeling secure that they were not alone in their

feelings. Students felt empowered to share with us their ideas to support mental health in schools and reaffirmed the need to build and sustain relationships with school staff to feel connected for their own wellbeing.

We are proud to share with you these amazing student voices.

What do you know about mental health?

- ◆ “Mental health is health from the inside of the body.” New York student, age 11.
- ◆ “Mental health is the stability and health of your brain.” Illinois student, age 15.
- ◆ “Mental health is how well you take care of yourself and your feelings and how you deal with your feelings.” California student, age 10.
- ◆ “To me, mental health refers to the emotional wellness of a person. Instead of referring to physical health and wellness, mental health is the ailments and fitness one cannot see from the outside.” New York student, age 16.
- ◆ “Mental health means to me what a person feels on the inside, are they happy on the outside but sad on the inside?” Illinois student, age 9.
- ◆ “How you function and process information. Mental health does not always present itself but it can. Those words connect to who I am along with what I’ve been through. My mental health is a result of every experience I’ve encountered throughout my life.” California student, age 17.

What do you need?

- ◆ “I need the counselors to have a once a day or quarter meeting with students to see how they are doing.” New York student, age 14.
- ◆ “I need tutoring programs and mentoring programs.” California student, age 13.
- ◆ “I need a simple *hi* or *how are you?*” New York student, age 10.
- ◆ “We need more school counselors.” Illinois student, age 12
- ◆ “I need to talk about emotions.” California student, age 10.
- ◆ “I need the school staff to try to understand the kids a bit better. See what’s happening with them, in their lives, and their families. And see why they may seem upset or acting differently.” New York student, age 14.
- ◆ “I need adults to talk to us and understand what we are going through”. New York student, age 17.
- ◆ “I think I need a little more focus and support for my work.” California student, age 16.

What's the most important thing you want adults to understand in school about your mental health?

- ◆ “I think the most important thing adults need to know is that sometimes your mental health is more important than getting perfect grades, and sometimes they assign too much work when we already have a lot on our plates.” New York student, age 15.
- ◆ “My mental health isn’t something that should be pushed aside. I struggle to keep everything in check and yelling at me and piling on more work doesn’t help either.” New York student, age 16.
- ◆ “It’s hard to get out of bed most days.” New York student, age 14.
- ◆ “School affects it a lot.” California student, age 10.
- ◆ “I think the most important thing that adults need to know about my mental health is that they need to check in. The less that I talk to someone the more I get worked up.” Illinois student, age 13.
- ◆ “The most important thing is that even though we may look happy on the outside we might be sad on the inside and if they see any slight changes, they should point it out. Talking to people really helps people.” New York student, age 12.
- ◆ “Not all teachers talk to all students. Students need to depend on teachers. They won’t excel if the teachers don’t help.” New York student, age 15.

How was this circle for you?

- ◆ “The experience of talking about this I actually enjoyed because it shows that a lot of people can actually open up. I'm pretty sure some people didn't feel like opening it up, but they were able to find confidence and they will know that they matter.” Illinois student, age 12.
- ◆ “I would like to do circles more like this because it opens people's minds into actually seeing different people's perspectives. And some people don't like different people's perspectives, and some people argue about it, but I think they have a safe enough community where we can agree on stuff and disagree and not have an argument, so I do feel like we should do more of these circles.” New York student, age 15.
- ◆ “I would just add that the big thing I was missing was the relationship that I would normally have with teachers and other students, so I would like to talk more like this.” California student, age 15.

- ◆ “We feel like we have no purpose. There is a lack of purpose now.” New York student, age 17.
- ◆ “We want more office hours.”
- ◆ “Give us more gym, and more sports time outside.” California student, age 9.
- ◆ “I think for some people every month you could get a mental health day where you don’t go to school, or go do what you want that day and chill out for the next day.” California student, age 14.
- ◆ “I think taking a breath outside would help to release some stress.” California student, age 8.
- ◆ “I feel like I’d like them to know that like it’s hard for everyone, and like definitely not a normal year, but I think we’re going to be dealing with repercussions of it for a long time, so just go that easier, whether it’s through grading, maybe assigning slightly less than you normally would go, trying to cover more in class, just to approach things with a little bit of grace.” Illinois student, age 16.
- ◆ “I would say that my mental health definitely kind of took a toll because I became more stressed about school because it was definitely more difficult over a screen. But I also was a lot less motivated to do my work and I would just spend more time on my phone. It was just like a never-ending circle of feeling really stressed.” Illinois student, age 15.
- ◆ “I would like a support system because I don't think they will truly ever understand how hard it was for a student to get up every day and go to like seven or eight different zoom calls, and not see your friends..” New York student, age 12.

The time we spent with these students was deeply impactful and transformed us as educators. With the perfect balance of insight and humor, the students told us how they felt and what they needed to not only succeed, but to heal. Their answers did not consist of complicated interventions, expensive curriculum, or shiny new initiatives. Their answer was **connection**. The students unanimously asked for more time with their teachers, more time with their counselors, and deeper, meaningful relationships with the adults in their buildings. They asked for time to process their emotions in a nonjudgmental setting, time to connect with each other as humans, and time for grace. They asked for this through their words, and they demonstrated it through their appreciation of the opportunity our Circles gave them to gather in a courageous and safe space. We simply made space for them to speak, feel heard, and feel seen. There is no greater responsibility we have today. We must listen to the needs and experiences of our students, create spaces in which they can share, and amplify their voices into what we do each day. ■

Opinion:

Jack Simons

PhD

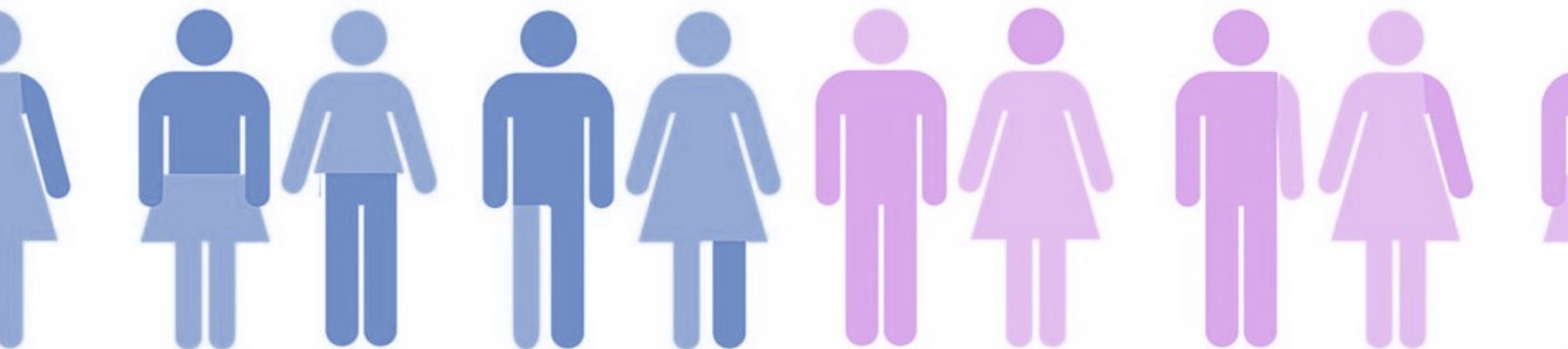
Mercy College

Gender Inclusion

is a

Human Right

Schools continue to exclude knowingly or unknowingly transgender and gender nonconforming youth. *Having a gender-inclusive curriculum as part of a comprehensive school counseling program matters.* This is especially important given that transgender youth will attempt suicide three times more than cisgender youth (CDC, 2020). Isolated from friends and possibly rejected by family, transgender and gender nonconforming youth have also suffered during the COVID-19 pandemic.

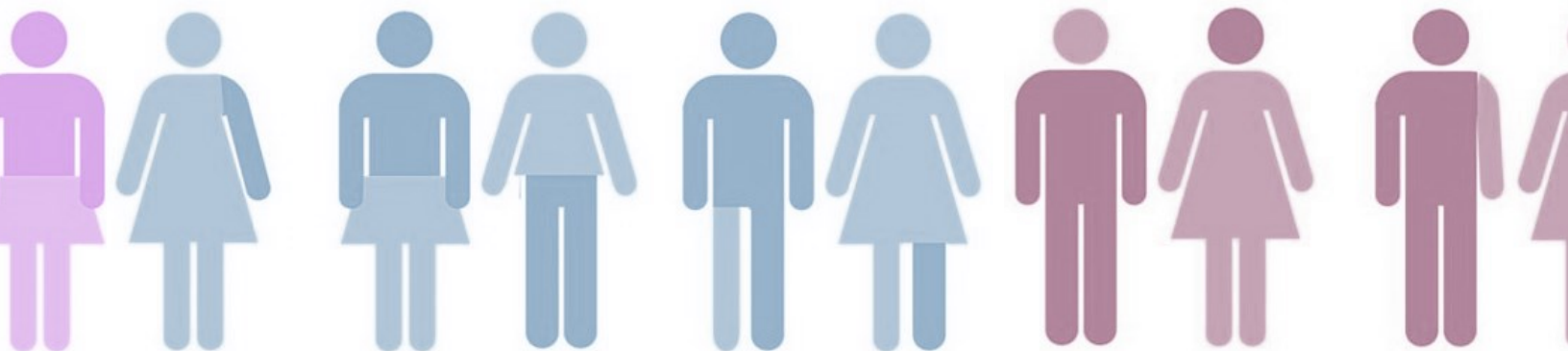


Lawmakers are proposing more anti-transgender bills than ever in the United States, and 2021 is on track to become the worst year in history for legislative attacks on transgender youth. More than 100 anti-transgender measures have been introduced at the state level since the beginning of the year. According to the 2017 GLSEN School Climate Survey, two-thirds of students in the United States were not taught about transgender people at school. New legislation introduced, if passed, will invalidate transgender and gender nonconforming youth more so. Legislation in Tennessee and Arkansas that if passed would permit parents to reject gender-inclusive curricula about transgender and gender nonconforming individuals for their children. Missouri lawmakers will vote on proposed legislation that would mandate school officials to notify parents prior to teaching about gender identity. Additionally,

“Having a gender-inclusive curriculum as part of a comprehensive school counseling program matters.”

educators would not be allowed to teach students about transgender history.

In the state of Iowa, one measure requires parents to consent to discussion about gender-inclusion with their students. A second deficit-based measure mandates curriculum on gender to highlight the harmful consequences of gender interventions, including interventions by school counselors (e.g., classroom lessons). A bill passed by the House in Arkansas requires teachers to address all students by their biological sex. In Arizona, Gov. Doug Ducey (R) vetoed a related bill that would require strict sex education. He believes that all sex education curricula should be opt-in and offered online. Mississippi, Nevada, North Carolina, and Utah also support opt-in measures. Other forms of legalized “free speech” exclusion of transgender students that challenge



the school counseling ethics codes are present in Tennessee, Minnesota, and North Dakota. House bill 1182 in Tennessee, sets its sight on preventing transgender individuals from using bathrooms that are in alignment with gender identity. A bill in Minnesota makes transgender females' participation in female sports a petty misdemeanor, the same as fifth-degree assault. The governor of North Dakota recently signed a bill into law that allows university funded student organizations to deny transgender students participation.

All this legislation will impact the lives of children and teenagers in schools and beyond for years to come. All children, including transgender and gender nonconforming youth, deserve equal protection. Leading child health and welfare organizations in the United States, representing more than 1,000 child welfare organizations and 7 million youth-workers, just shared an open letter. They strongly oppose these bills. There is also a need for school counselors to create more access to information about gender and gender inclusion in their school communities.

I am a counselor educator who has been studying and working with transgender youth and their families for almost two decades. As such, I think that school counselors can play a major role in this initiative, and, in

addition to providing supportive resources, they can also prepare themselves to dispel many of the myths about transgender and gender nonconforming individuals. I worked as a school counselor for nearly ten years, and I now train future school counselors, many of whom are curious and fascinated about learning about other groups of people. This includes members of the transgender, gender nonconforming, and intersex communities. In these spaces, I have discovered about how much misunderstanding is out there.

I often hear concern about the early ages at which youth question and explore their gender. *People mistakenly believe that gender is binary and that it should only be attached to biological sex.* This is an inaccurate belief that comprises the ability of school counselors to build rapport with gender minorities. As a result, advocate ineffectively for these youth in the following areas: academic performance, intimate partner violence, sexual contact, unplanned pregnancy, sexually transmitted diseases, and educational and health disparities. Without effective advocacy by school counselors and other educators, transgender and gender nonconforming youth are invalidated and remain subject to higher rates of bullying, discrimination and exclusion. In turn, their mental health and well-being will

be compromised, and even more so if gender identity development is compromised and mismanaged over a longer period. This is further compromised by feeling unsafe. Sadly, some of these students skip school, run away, and attempt suicide.

Research from GLSEN has found that 40% or more of transgender youth reported receiving threats and being physically harmed due to how they identified, and thus they avoided going into bathrooms, locker rooms, and gym classes. As a result, school counselors play a crucial role in educating teachers and administrators about this dynamic. They also should work closely with transgender and gender nonconforming students, along with possibly their parents too, to decide if a school setting can truly be safe. *School counselors might therefore also consider recommending that transgender and gender nonconforming youth attend self-defense programs—not to condone the act of fighting per se but to help the youth protect themselves if attacked.* Self-defense programs that exist for all students, including those who are gender minorities, include Krav Maga Worldwide Kids Program, Tae-Kwon-Do for Kids, Brazilian Jiu Jitsu, and Youth Kickboxing.

According to Dr. Rick Balkin, counselor educator, “Students may participate in one of these programs to learn self-defense in a structured class and [they] practice consistently.” School counselors also recognize that transgender rights are protected under Title IX, a federal law that protects the civil rights of students against gender-based discrimination. When transgender students are discriminated against—by school officials and other students—schools can be held liable. *According to Title IX, no one can be discriminated in federally funded education programs based on sex.* Transgender and gender non-conforming students, therefore, should always be prepared to file legal action against a school for



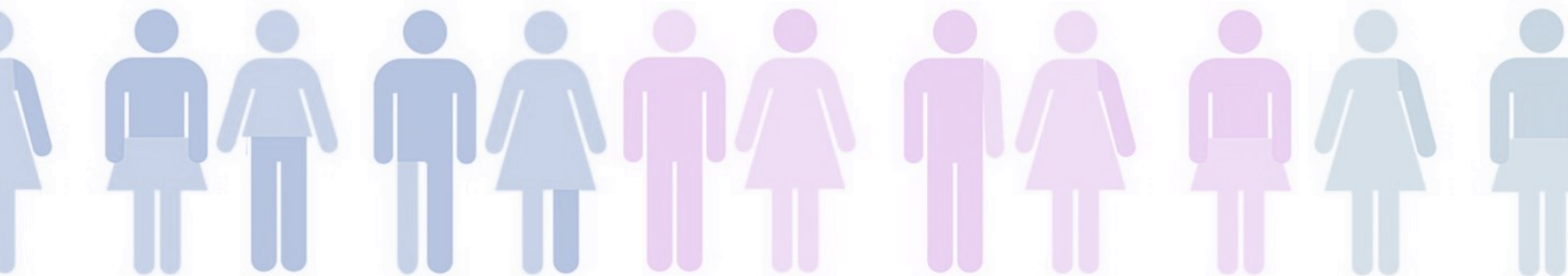
discrimination. To do this, they document the discrimination in journal entries, letters to the school administrators and the school board, text messages, and in other ways to put everyone on notice. A complaint can be filed with the U.S. Department of Education by transgender students as well.

It is a sad reality that despite the challenges transgender and gender nonconforming youth report many adult authorities charged to protect them do not value initiatives and measure to support the transgender community. Differences in public opinion persist all the while these students continue to exist while trying to navigate a new identity and learn how to advocate for themselves with or without family support. Jules Gill-Peterson in her book *Histories of the Transgender Child* points out that most of the transgender youth continue to lack access to competent care even if they explicitly ask for it. This suggests that more helping professionals need training in this area, or they need to make themselves more visible as helping professionals who have expertise in counseling gender minorities.

Not surprisingly, members of the transgender community often ask for support from within their own communities. The challenges that transgender youth are further compromised if they come from lower-income backgrounds and hold other historically oppressed identities.

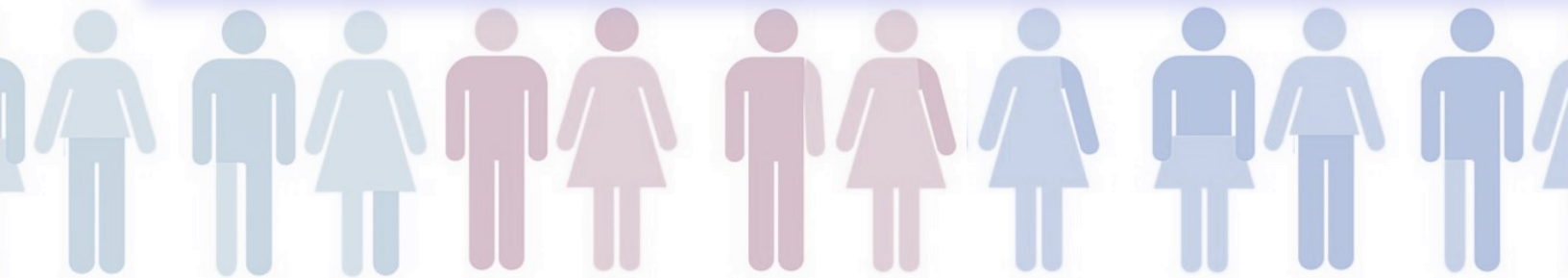
Yet, there is hope. Along with the school counselor ethics codes and Title IX, there are also many people who want to see greater numbers of transgender and gender nonconforming youth achieve success.

A recent [PBS Marist/NewsHour/NPR poll](#) found that two-thirds of a sample of adults in the United States opposed laws limiting transgender rights. Some of these individuals are likely educators such as school counselors who may be knowledgeable about gender inclusion, or willing and interested to learn more about it. Despite discriminatory laws, there are also inclusive schools, inclusive teachers, and inclusive school counselors acknowledging and welcoming transgender and gender nonconforming students. We all have a role to play in this. *Every student matters.* ■



More Resources

- ⇒ [Fact Sheet: Transgender & Gender Nonconforming Youth In School](#)
- ⇒ Hall, M. (2015). Red: A Crayon's Story. HarperCollins
- ⇒ Newman, L. (2004). A Fire Engine for Ruthie. Clarion Books
- ⇒ [Diverse Picture Books with Transgender, Non-Binary, and Gender Expansive Characters](#)
- ⇒ [Transgender, Non-Binary and Gender Expansive Youth in Middle Grade Books](#)
- ⇒ [The GLSEN Jump-Start Guide](#)
- ⇒ [Teach about gender pronouns](#) (Russell et al., 2018) GLSEN's
- ⇒ [Identity Flowers](#) (Elementary School)
- ⇒ GLSEN's (2013) [No-Name Calling Week](#)
- ⇒ [Shirts of Empowerment](#) (High School)
- ⇒ [Myths and Facts About Transgender Issues \(9-10\)](#) Public Broadcasting Service
- ⇒ [Transgender Identity and Issues \(9-12\)](#) Anti-Defamation League
- ⇒ [Unheard Voices: Stories and Lessons for Grades 6-12, Jamison Green: Transgender Activist The Gay, Lesbian & Straight Education Network](#)
- ⇒ Kilodavis, C. (2009). My Princess Boy. KD Talent
- ⇒ Russell S.T., Pollitt A.M., Li G., & Grossman A.H. (2018) Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. Journal of Adolescent Health, 63(4), 503-505.
- ⇒ Simons, J. D. (2018). School Counselor Sexual Minority Advocacy Competence Scale (SCSMACS): Development, validity, and reliability. Professional School Counseling, 21(1). doi:10.1177/2156759X18761900
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- ⇒ Simons, J. D., Grant, L., & Rodas, J. (2021). Transgender people of color: Experiences and coping during the school-age years. Journal of LGBT Issues in Counseling. doi:10.1080/15538605.2021.1868380



CHUNKING:

Incorporating Restorative and Trauma Centered Practices in Elementary Counseling Groups

Lysa Mullady

Counseling five year olds is very much like trying to make kittens walk in a straight line. I wasn't meeting with much success. As the clock would tick toward the time for me to pick up a group, filled with fear of failure, I would say a prayer walking towards the teacher's door. It became clear to me that I needed much more than divine intervention. I needed a strategy.

Needing inspiration, I decided to go down to a kindergarten class and asked if I could sit to observe my students. My goal was to create individual action plans based on what I saw. With my knees folded into my chest, I sat among the children at a student table. Captivated by her energy and presence, my focus shifted to the teacher. I was mesmerized by how seamlessly she transitioned from one activity to the next. All the students engaged and enthusiastically participating. Like a conductor, keeping the music moving at a steady pace from one activity to the next. The production was flawless. Well-rehearsed, each player knew their part. There was much for me to learn in that moment. I did not walk away with an action plan for individual students, I carried with me the key elements needed to

transform my practice. Chunking; a framework for thirty minutes of success within my counseling groups.

Elementary students thrive with consistency and repetition. With chunking; respect, relationship building, choice and empowerment are incorporated within every lesson. These elements reflect both restorative practices and a trauma centered environment. My room is a place of peace. Problems are welcome and an expected part of the day. There is no shame in making mistakes. There is pride in taking responsibility for your actions. Our goal is to work through heavy feelings. Students are given the choice to make amends and move on. Living in harmony is a skill. My aim is to teach how it is done. **This can be accomplished in seven chunks:**

- 1. Happy News/Sad News/No News Today**
- 2. Songs**
- 3. Breathing**
- 4. Affirmations**
- 5. Question**
- 6. Activity**
- 7. Reflection**



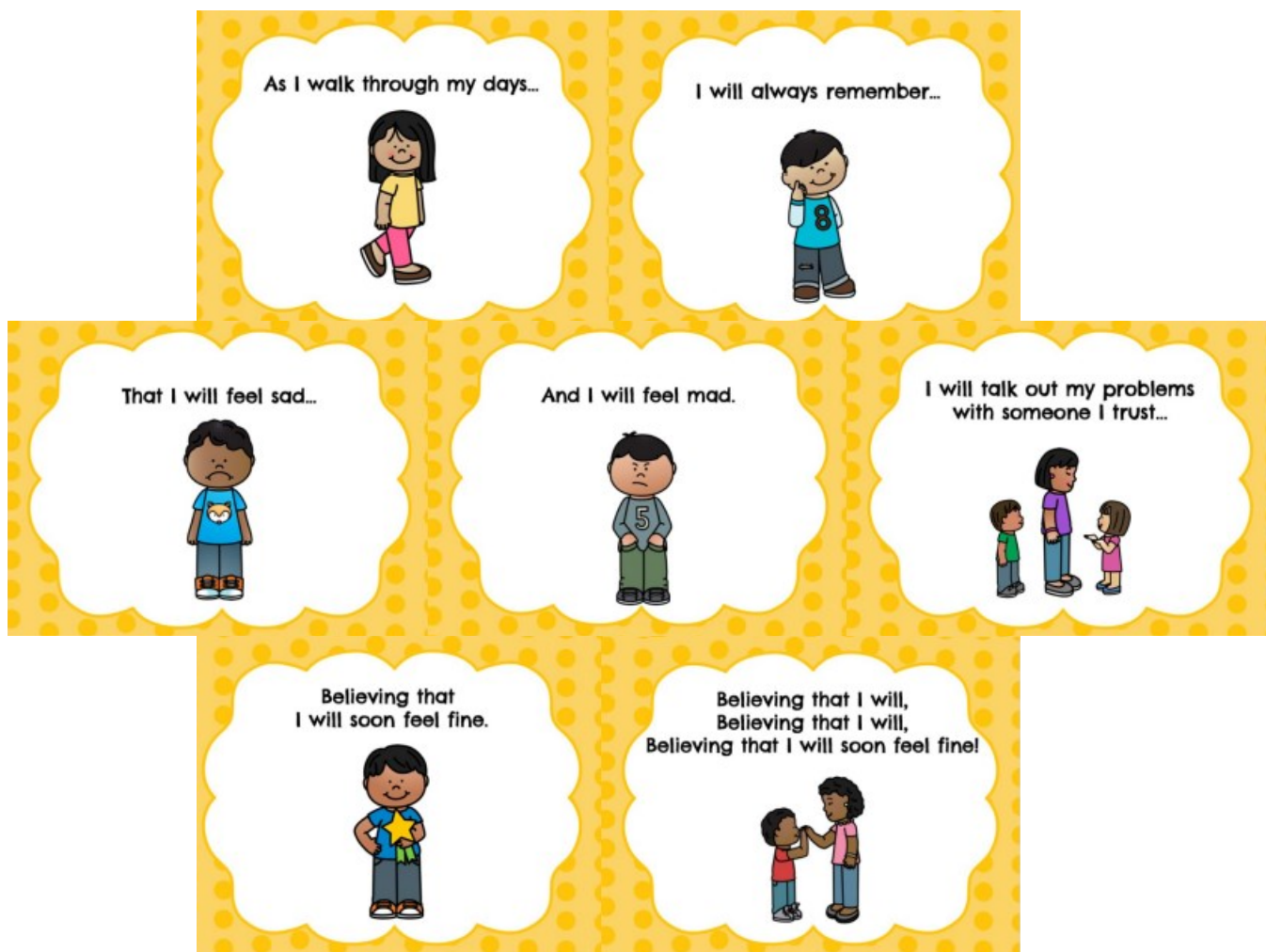
Happy News/Sad News/No News Today

Routinely using the same opening, sends a signal to each participant that it is time to begin. Before officially starting, I remind students of the importance of listening to each other. If a group is particularly chatty, I speak to the general rule that we listen to each other and as the facilitator, I get to ask the questions. Some students are naturally high talkers and need clear expectations. This first chunk of time is devoted to checking in on each student. Listening is an important skill to practice. The action of listening creates respect.

Ask each student if they have, “Happy news, sad news or no news today.” To maintain a flow, everyone is allowed to report two news’. If a student has nothing to report, I ask a back-up question, usually I use the same one all week. Generally it reflects what the activity is about.

For example, “Who is someone that makes you feel special?” “What is something you can do that you are proud of?” “Name something that is scary.”

There are a many benefits to this first chunk of time. Every sad news is an opportunity to validate the adverse childhood experiences that occur within the lives of students. When one child shares, another learns that it is acceptable to talk about uncomfortable things. I am given the opportunity to embrace a teaching moment about the importance of feeling safe and to later follow up if necessary. Countless times, I have been grateful for the glimpse into potentially neglectful events. This opening is also a key to relationship building. When I ask a child about something they mentioned in prior weeks, the act of my remembering a part of their history shows clearly how much I care for them as an individual. Happy news is always welcome as well. Everyone loves to hear about birthdays or a trip to the park.



Songs

It is not lost upon me that not everyone loves to sing as much as I do. Kids do love to sing and clap. Think of all the elementary teachers that start the day with song. Music calms the soul and research shows that it helps to repair the traumatized brain. If you feel more comfortable, I believe chanting the same words each week will result in the same effect. But for me, if it is within your wheelhouse, sing with joy. It is by far my favorite chunk of time.

Years ago, I wrote three songs that speak to the therapeutic process. Bad things happen. All feelings are OK. To feel better we use positive actions: talk it out, think good things and breathe. The choice is yours. You are free to cope with the events in your life in a way that works best for you. I believe using positive actions are the best ways to cope.

After we sing each song, I ask the same questions to reinforce learning. I have posters of each song lined up on my wall to use a teaching tool.

First we sing, **“Walk This Way”**

As I walk through my days.
I will always remember.
That I will feel sad and I will feel mad.
I will talk out my problems with
someone I trust.
Believing that I will soon feel fine.
Believing that I will, believing that I
will, believing that I will soon feel fine.

The follow up questions are, “Is it OK to be sad? Is it OK to be mad?” We all agree, “All feelings are OK.” The last question is, “What should you do when you have big feelings?” The students answer, “Talk it out!”

Then we sing, **“The Turtle Shell”**

If I had a turtle
shell,
When bad things
came my way.
I’d crawl inside and hide until the
badness went away. Goodbye.
I’d think about good things and people
who love me.
Then I would come out, feeling strong,
happy and free.
Oh yes I would, Oh yes I would.
I’d feel strong, happy and free.
Oh yes I would, Oh yes I would.
I’d feel strong, happy and free.

We all put our hands over our heads creating a circle. This is The Turtle Shell. My questions are, “What do you do when someone says something mean?” Students answer, “Push it away,” and we all pretend to shoo away bad things. The next question is, “What do you do when someone says something kind?” Together we put our hands over our heart and say, “Put it in your heart.”

The last song is like a commercial, **“The Positive Action Song”**

If you feel angry,
If you feel sad,
Take positive action.
And then you’ll feel glad. Yeah!

The final question is for all to answer together, “What are the three most important positive actions?” The students answer, “Talk it out, think good things and breathe.”

The repetition of these songs allows for a spiraling review of coping strategies. We don’t hit, we don’t bite, we don’t yell, we don’t run away. We talk it out, think good things and breathe to stay calm. These three things allows us to cope with our problems.



Breathing

The next chunk is for practicing breathing. Hanging on my wall are four signs. Each one has a picture of a hand signal with an affirmation written underneath. Together we practice, slowly and deliberately. Breathing helps us move from the reactive brain to the thinking brain, experiencing the physical benefits of a calm body. When a student is in a reactive state, it is easier for them to breathe when it is practiced each week. Together we breathe and say:

I am OK.

I am loved.

I am peaceful.

I am ready and steady.



4

Affirmations

This chunk can be presented in two different ways based on the developmental level of the group. For the younger students, I have eight cards that highlight the actions needed for social success in school. I show the card and say the sentence, then we repeat the sentence together. Remember the kindergarten teacher I observed? I went back to her and asked exactly what I need to teach in order for the students to meet with success within the classroom. These were her thoughts, plus a few of mine. There is magic in these affirmations. If any child is struggling in any of these areas, this chunk of time is an opportunity to create an expectation of appropriate school behaviors. By using affirmations, the child is then empowered by stating they are capable of positive behaviors.

- I am nice to my friends.
- I ask for help.
- I come to school prepared.
- I listen to the teacher.
- I wait my turn.
- I will talk out my feelings.
- I learn from my mistakes.
- I try my best.

For older students, I speak about to the connection between thinking good things and feeling good inside. Using an “I” statement builds confidence and empowers you to be your best self. I quickly go around the room and ask each participant to say an affirmation. Sometimes, I enjoy pointing out the gifts that I see within a student and help them to turn it into, “I am ____.”



5

Question

Here is where the routine stops and the weekly lesson begins. Before beginning the activity, I pose a thinking question based on my intended outcome of the lesson. This chunk of time can be used as a check-in for prior knowledge.



6

Activity

By now, there is about 10-15 minutes to present a hands on activity designed to teach a certain skill or idea. I seek to have each student have a turn to participate. Kids love a game. Students look forward to the things we do each week and eagerly participate.



7

Reflection

As the end of group approaches, I save the last chunk of time for each child to share, "What did you learn today?" Their reflection is equally important to me as the counselor and to the students. Was I on the mark with my activity? Does this idea need to be presented again? Who got it and who did not? Within minutes of this check-out, I am thinking ahead to lessons of the future.

If you feel angry...



If you feel sad...



Take positive actions...



And then you'll feel glad!



Chunking is a way to present powerful lessons, jam packed with the ideas students need for strong social and emotional skills. Acquisition of requisite knowledge occurs with repetition. Start small. Incorporate one or two elements. With fidelity, you will see the impact chunking has on your program. Soon you will be working through each chunk, basking in the benefits your counseling program provides to your students. ■

Let's Talk About Race:

Engaging Our School Communities in Courageous Conversations About Race

Nicole N. Henningham
MS, MEd

"I was one of a few staff members of color at a school that served a population that was 95% students of color."

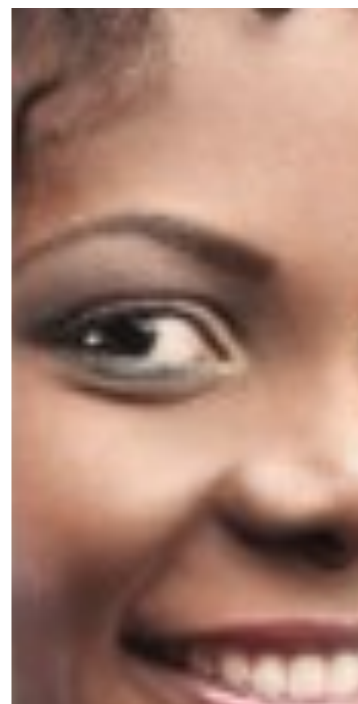
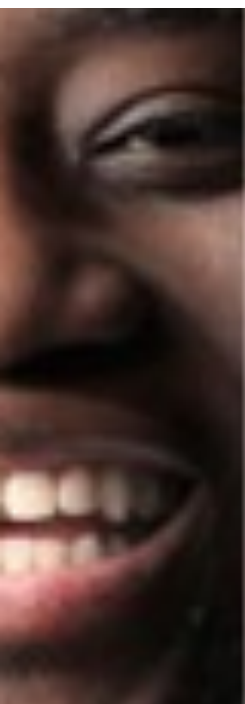


My name is Nicole Nikkisha Henningham. I am an African American woman of Jamaican and Cuban decent who has had the honor of working as a School Counselor alongside a talented group of educators for over ten years. I love my job – or what I more accurately describe as my life’s work. Each day, I am granted the audacious opportunity to transform the lives of young people, I believe will and have gone on to do great things. However, with all the passion possessed in my heart for my career, the Fall of 2017 marked a low point on my counseling journey.

I was one of a few staff members of color at a school that served a population that was 95% students of color. My office would often be flooded with black and brown students who saw my space as a haven to voice their

frustrations and feelings of disconnections to their white teachers and the curriculum from which they were being taught. My own experiences at the school bore witness to those of the students I served. As a black counselor, I experienced my own share of microaggressions and implicit bias. I struggled with navigating through my own feelings, which in turn, made it difficult to help my students of color when they shared their own challenges. I felt defeated. Then, one call to my principal’s office changed the trajectory of my career and ultimately the culture and climate of my school.

I was invited by my principal to represent my school in a district initiative that would train school counselors, social workers, administrators, and other officials on



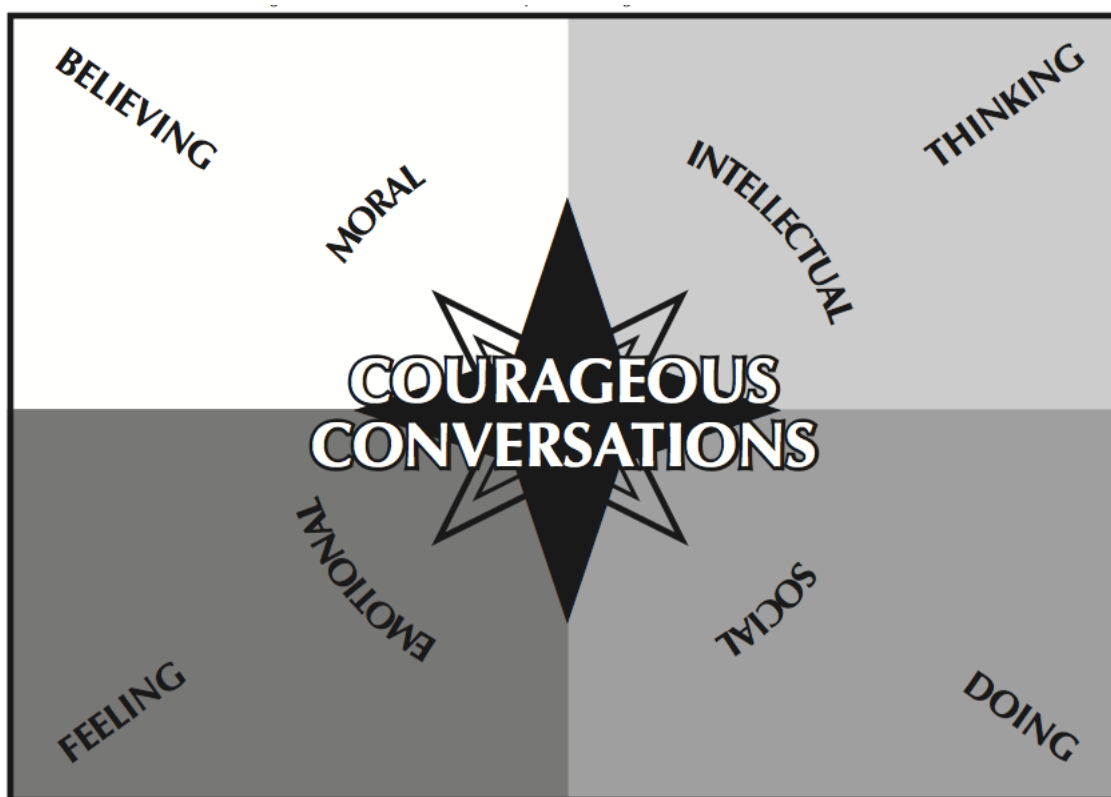
how to identify and address implicit bias, while engaging our school communities in courageous conversations about race. Four years later, my school is thriving as a community that promotes equity and excellence, while providing faculty, staff, students, and other stakeholders with the tools to talk about issues of race in a way that is healthy and edifies everyone.

What is the pulse of your school community on having difficult conversations that deal with racism in our country or at your own school? Have you been able to engage your students and members of your school in conversations around recent events like the murder of George Floyd or the insurrection at the Capitol in a way that was fruitful for everyone? No matter what your race, religion, sexual

orientation, or creed, talking about race is hard. However, the Courageous Conversations protocol is a tool that can be used to help all participants navigate through these tough conversations in a way that does not cause damage to anyone involved.

Glenn Singleton of the Pacific Educational Group is the creator of this transformative tool. As part of the protocol, all participants begin their discussions on race by first identifying where they place on the *Courageous Conversations Compass*.

The compass is used “as a personal navigational tool to guide participants through these conversations, helping us (the facilitator) know where we are personally as well as to recognize the direction from which other participants come” (Singleton 2015).



The four quadrants of the compass are:

- 1. FEELING:** speaks to how we process information through our feelings (when racial issues strike us at a physical level and causes sensations such as anger, sadness, joy, or embarrassment).
- 2. THINKING:** addresses our response to a racial issue or information may be to personally disconnect or to search for more information or data. Our intellectual response is often verbal and based in our thinking.
- 3. BELIEVING:** responding from a deep-seated belief that relates to the racial information or event. Moral views are from the “gut” and may not be verbally articulated.
- 4. DOING:** connecting and responding to racial information through actions and behaviors.



At the beginning of each conversation, participants should be asked to express where they place themselves on the compass. The facilitator should check in with participants throughout the discussion to see how they are feeling based on what is being discussed. The goal is for all participants, including the facilitator to get centered on the compass, being able to experience all quadrants. Once all participants identify their placement on the compass, the facilitator will review the Four Agreements that everyone must adhere to before the discussion moves forward. **The Four Agreements are:**

- 1. STAY ENGAGED** – All participants agree to remain morally, socially, intellectually, and emotionally involved in the conversation.
- 2. EXPERIENCE DISCOMFORT** - This norm acknowledges that discomfort is inevitable, especially, in dialogue about race, and that participants make a commitment to bring issues into the open. It is not talking about these issues that create divisiveness. The divisiveness already exists in the society and in our schools. It is through dialogue, even when uncomfortable, the healing and change begin (Singleton, 2015)
- 3. SPEAK YOUR TRUTH** – Every person who enters the conversation will agree to speak truth to their own experiences, regardless of their race.
- 4. EXPECT AND ACCEPT NON-CLOSURE** – The final agreement asks participants not to rush into making quick conclusions or solutions. Conversations about race often require an ongoing dialogue. Rome was not built in a day and one conversation will not solve racism in all its complexity.



The final portion of this protocol are the Six Conditions of Courageous Conversations that help to keep the conversation moving. Those conditions are:

- **ESTABLISH** a racial context that is local, personal, and immediate.
- **ISOLATE** race while acknowledging the racial experiences of others during the discussion. Every person engaged in conversation, should begin by identifying who they are in a racial context.
- **DEVELOP** an understanding and working definition of race as a social construct and engage multiple perspectives to bring about understanding for everyone involved in the conversation.
- **MONITOR** the dynamics of the discussion by remaining vigilant about prompts that are used, and time allotted for speaking and responding.
- **ESTABLISH** a working definition of race in a way that differentiates it from definitions of culture and ethnicity.
- **EXAMINE** the presence of whiteness and its impact on the discussion at hand.

This protocol can be used with students and among staff members during professional development sessions that are focused on racialized issues. It is a protocol I will continue to use as I grow in my own practice as a school counselor. I encourage you to give it a try. ■



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School Counselor Wellness: Keeping Healthy for Work

Jack Simons
PhD

Three types of events tend to occur over the life course:

- (1) Normal events that stress some more than others such as puberty
- (2) Normative, historical events experienced by almost everybody (e.g., pandemic)
- (3) Non-normative events that are uncommon for most people such as job termination

Related to all events, distress can overwhelm school counselors and take a toll on their well-being over time. As a counselor educator who trains future school counselors and consults with their supervisors, I see these situations negatively affect counselors and students. Often, school counselors don't realize problems until they have reoccurred.

A key part of being a school counselor is taking responsibility for one's wellness and stepping in to support students with their wellness. The school counselor can develop a personal wellness plan and a second plan for providing the best counseling services and resources to students about wellness. By helping oneself and others, a school counselor increases the likelihood that he, she, or they will have a positive impact on more people regarding wellness in their respective school communities. Counselors with many years of experience often display approaches that cover a wide array content with special attention given to the experiences of students whose communities have been historically marginalized,



underrepresented, and unrecognized. Students and school counselors face minority stress tied to poor academic performance and burnout. However, few wellness programs and professional guidelines exist to specifically support the unique needs on people in this area. A review of multicultural counseling literature and physical education curricula indicates that the effects of minority stress on non-dominant groups of K12 educators and students and need for wellness programs (to counter the minority stress) are rarely taught. However, I propose a philosophy of wellness that school counselors may refer to; school counselors can improve wellness programs for themselves and their students. This may sound like double work, but findings suggest that much of what school counselors can do to improve wellness to stave off the ill effects of stress, students can do too! Additionally, I do not ask school counselors to become athletic trainers; I ask school counselors to make a commitment to continuing improving their knowledge of wellness and to share this important knowledge with all students, health teachers, athletic trainers, nurses, and coaches, just to name a few.

Philosophy of Wellness

Wellness is needed to persist (versus subsist) in life. School counselors and students are particularly vulnerable to

succumbing to the negative effects of both expected and unexpected challenges, yet some are better wired and have gained more knowledge and related experience to enact wellness activities to thrive. With more positive behavioral enaction tied to wellness wiring can be improved and one's identity as a healthy person and role model reinforced. Identity Behavior Theory highlights four wellness factors:

- (1) attitude toward wellness
- (2) identity (e.g., as healthy school counselor)
- (3) staying committed (resilience) to trying to perform wellness activities
- (4) performing those activities either successfully or not.

It matters just to try to become better health wise.

Wellness Recommendations: Attitudes

Wellness programs for counselors and students do not have to be rigidly prescribed, and although it is helpful to have support (e.g., by supervisors such as principals), it is not mandatory that wellness programs are supported anyone else. The key is to possess a positive attitude to learn about wellness and to try to become healthier, and to have fun with the process. **Positive affirmations to support this movement include:**

- (1) My wellness program does not have to be like anyone else's wellness program.
- (2) Students achieve success when they have fun with wellness.
- (3) Exercise is a food substitute.
- (4) If I am well, my brain will work.
- (5) Those who support my interest in wellness will be proud of my accomplishments toward becoming healthier.

Wellness Recommendations: Identity

A great amount of time is spent focusing on how school counselors are responsible to others but not to themselves. The ASCA Ethical Standards, however, mandate that school counselors should take care of themselves. The school counselor's responsibility to be healthy and contribute positively to the profession is a continuous process that evolves throughout one's career. As a result, while a school counselor may not presently see him/her/themselves as healthy, the individual may make a commitment to becoming healthier by enacting positive health behaviors. One's identity as a school counselor who is actively working toward becoming healthier will eventually be strengthened.

One way to do this is by using positive affirmations that include:

- (1) I have clearly identified what my needs are with respect to my wellness

program

- (2) I have a clear sense of the types of wellness I prefer
- (3) I have a strong sense of belonging to a group of school counselors who value wellness
- (4) I spend time trying to find out more about health and wellness in school counseling, such as its history, traditions
- (5) I am a healthy school counselor who is trying to improve my health this year.

Wellness Recommendations: Resilience

If school counselors realize that they are questioning their ability to serve as healthy role models to students, their resilience levels might be compromised. This might also indicate that their levels of professional functioning are poor. Next, sometimes school counselors discover that their professional support is lacking. For example, those they look up to, to bolster their self-confidence, no longer take an interest in them. All these scenarios are plausible but also concerning because the ASCA Ethical Codes introduce the concept of non-maleficance (avoiding doing harm). With compromised professional functioning and lack of positive support, school counselors could unintentionally harm students who are emotional, vulnerable, and sometimes irrational. In these outcomes, helpful professional development should be

sought out. Conversely, school counselors who are resilient possess high levels of self-confidence concerning wellness and have support from others who welcome hearing about success (e.g., weight loss, etc.) and who provide positive support.

Example positive affirmations concerning personal strength are:

- (1) I want to try to improve my health this year
- (2) If I fail at improving my health this year, I will look for someone to cheer me up
- (3) I am extremely committed to doing tasks that will move me closer to improving my health this year
- (4) Regarding trying to improve my health this year, I remain focus
- (5) I become upbeat when I am trying to improve my health

Example affirmations concerning support are:

- (1) Regarding a goal to improve my health this year, I have others in my life who love and accept me.
- (2) Those who also are trying to improve their health this year, treat me kindly.
- (3) Regarding my goal to improve my health this year, others in my life encourage me to not give up.
- (4) I have role models who also try to improve their health,
- (5) Others in my life like to spend time with me when I am trying to improve my health.

**Wellness Recommendations:
Wellness Enaction**

A positive attitude toward health along with resilience and subscription to a wellness identity influences how successful a school counselor will be at successfully enacting important health behaviors which can be learned about as part of training and professional development. Knowledge of wellness can be applied to oneself and shared with others as part of the school counseling program (e.g., students and colleagues). **Positive affirmations include:**

- (1) I have a workout routine that I enjoy
- (2) I am proud of my commitment to wellness
- (3) I do not abuse alcohol or other drugs
- (4) I do not overeat
- (5) I make sure to get a good night's sleep

Good luck and let me know about your successes!

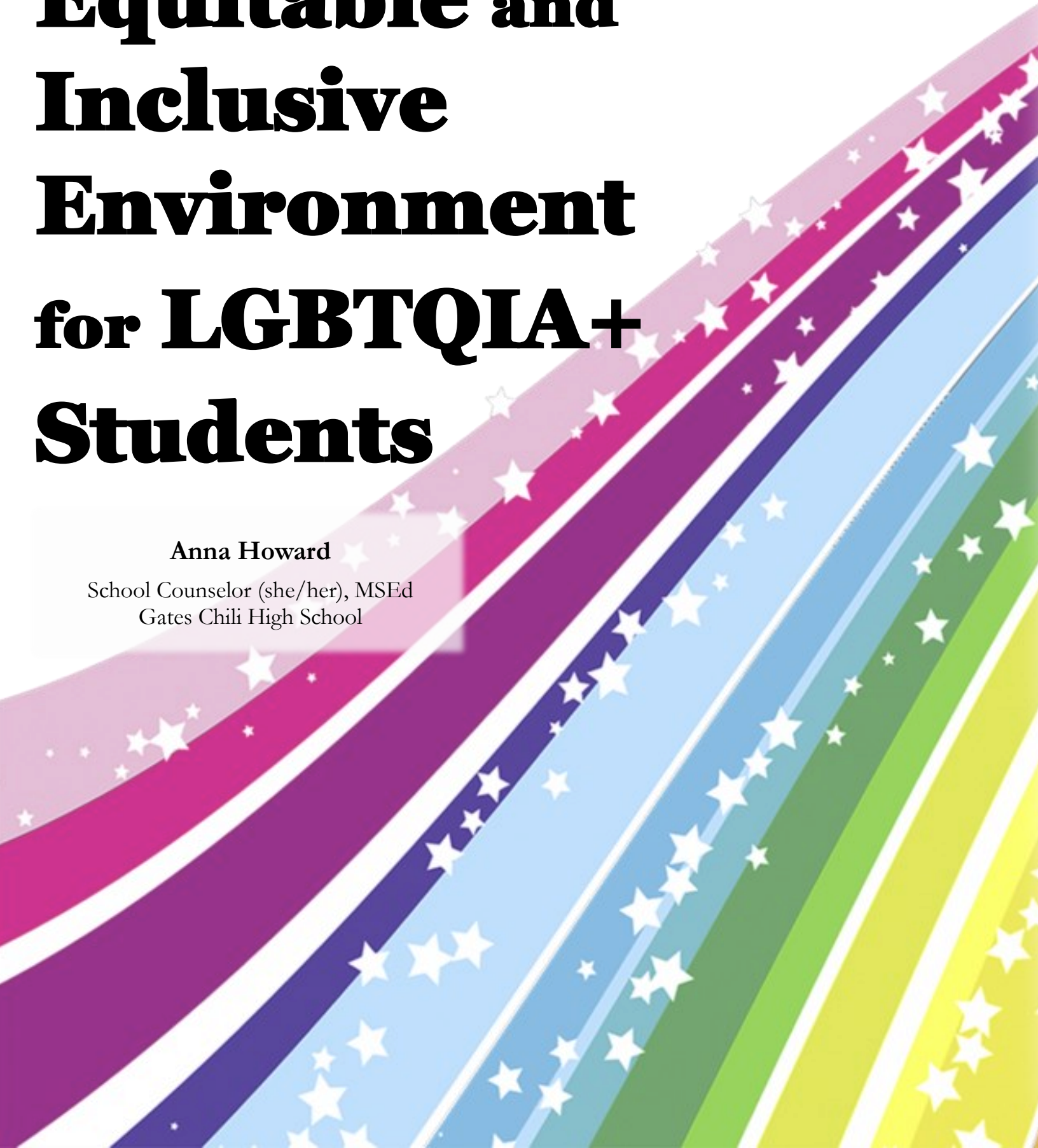
In good health and stellar school counseling,

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Creating an Ethical, Equitable and Inclusive Environment for LGBTQIA+ Students

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Lesbian, gay, bisexual, transgender, queer, (questioning), intersex, asexual, and (agender), while the acronym LGBTQIA+ is used with intentionality, it is still possible to hear many variations in your school (i.e. LGBT, LBGTQ, etc). LGBTQIA+ youth are over 8 times more likely to report having attempted suicide and almost 6 times more likely to report high levels of depression. These students are at a higher risk of physical assaults, harassment, and homelessness (Statistics, 2021). Our LGBTQIA+ students need us. They need us to provide a safe place for them, they need us to embody acceptance, and they need us to provide advocacy. As counselors, we must engage in learning about the LGBTQIA+ community. Our school district has provided in-services to ensure that our faculty and staff have the opportunity to become Safe Zone trained. This training provides pertinent content and background about LGBTQIA+ topics while also challenging faculty/staff to do some digging about their own internal biases in an effort to pivot onto a pathway of acceptance for all students. Beyond the knowledge gained in this curriculum,

all completers earn a Safe Zone sticker. The sticker becomes a visual cue for members of the LGBTQIA+ community to recognize that the faculty members with that sticker have an awareness of LGBTQIA+ issues and are committed to providing a safe environment. In addition to Safe Zone training, our district has provided supplemental professional developments around traditionally marginalized groups and

intersectionality. The pursuit of learning is a continuous road.

Students feel safe when they are seen and accepted.

Embedded in some of our teachers’ **“Getting to Know You”** worksheets are spots for preferred names and pronouns. Questions include:

9.5% of youth in the US ages 13-17 identify as LGBT
(Conron, 2020).

- **Name**
- **Name you want me to call you in class**
- **Can I use this name when I call home?**
- **Pronouns**
- **Can I use these pronouns in front of the class?**
- **Can I used these pronouns when I call home?**

- **Would you like to talk to a counselor about your pronouns?**
- **Who do you live with at home?**
- **What are your academic goals for this school year?**
- **Tell me 3 things about yourself?**

This makes it clear that we as a school recognize that names and pronouns should be addressed if a student wants to go by a preferred name or would like to clarify their pronouns. It opens the door for conversation and affirms to the students that we understand needs of the LGBTQIA+ community. It is imperative that teachers ask this in a private manner (such as a worksheet) so that they do not put pressure on students to “out themselves” in the classroom if they are not ready.

When students come to the counseling center to discuss names and pronouns, we have a separate checklist of questions to ask to ensure that they are being fully supported. Some of these questions/discussion points include:

- **Whether or not the student would like to change their name/gender in our portal.** *With this, we discuss whether there is parental support. Currently, we can change names without parent*

permission, but parents will see the name change because all mailings/parent view includes the name. Students can also choose to keep their legal name in the system but add a nickname.

- **Confirming that they can use the locker room and restroom that they feel most comfortable with**
- **Identifying trusted adults**
- **Determining if the student has disclosed to staff (and supporting them if they need help or would like us to send an email)**
- **Reviewing DASA**

As counselors, we are expected to advocate for our students. In reference to the LGBTQIA+ community, here are some ways that you can be an advocate:

- **Ensure your building has a gender-neutral bathroom** *(but also be sure that the school understands that students are free to use whichever bathroom they identify with and that the gender neutral is just an option, not the only option)*
- **Encouraging teachers not to split up classes based on biological sex (PE, group projects, lining up,**

etc.)

- **Normalize using gender neutral terms (significant other, parent, student) and defaulting to they/ them if you are unsure of a student's identity**
- **Encourage teachers to integrate LGBTQIA+ Topics into curriculum**
- **Lead your school's Gay Straight Alliance or be familiar with the club and refer students to it to promote community**
- **Encourage your district to have a lawyer talk about LGBTQIA+ rights to your mental health staff**
- **Submit a proposal for bringing Safe Zone training to your school**

Every day, our students count on us to be role models, do the right thing, and provide a welcoming, affirming space. As our society continues to shift toward being more accepting of the LGBTQIA+ community, we need to be miles ahead as leaders. Students are beginning to feel more comfortable talking with counselors about their identity and orientations, so it is imperative that we are prepared to have conversations. Get to know the terms and immerse yourself in professional development offerings.

We need to have a lens of understanding and be armed with strategies to be supportive adults and allies. Our students are counting on us. ■

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Trauma-Informed Schools: Supporting Students with *Adverse Childhood Experiences*

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Recently, there is an increased research focus on the impact of trauma on our lives, our daily interactions, and how we interact with the world. Particularly, schools are increasingly recognizing the relationship between children's functioning and their view of the world. If this view has been impacted by traumatic/stressful events, they struggle academically unless we approach them from a trauma-informed and/or trauma sensitive approaches.

An initial indication of the significance of adverse childhood experiences (ACE) on adult health was the ACE study¹. The CDC and Kaiser Permanente Hospital created a simple but

informative questionnaire consisting of a list of 10 adverse childhood experiences. Each positive response represents a score of 1,

with a potential range of scores from 0-10¹. The ACE study revealed that adverse childhood experiences are far more common than expected. More than half of respondents scored higher than 1; more than a quarter responded yes to physical abuse; 28% of women and 16% of men responded yes to being sexually touched; 1 in 8 witnessed their mother being abused. Of the 2/3 who reported having an

adverse childhood experience, 87% scored 2 or higher and 1 in 6 had an ACE score of 4 or higher². In 2008, Dr. Nadine Burke studied how childhood trauma and stress contribute to lifelong health problems and shortened life expectancy using the ACE questionnaire at the Bayview clinic, eventually

utilizing the ACE study on all her patients³. She utilized the ACE study to guide treatment as well as to evaluate troubling behaviors that she saw

Adverse Childhood Experiences cause:

- Disrupted neuro-development
- Social, emotional and cognitive impairment
- Adoption of health risk behaviors
- Impacts potential life disease, disability, and social problems
- Early death

(Shonkoff, J.P., Garner & Committee 2012)

in her patients. She saw these behaviors not as psychiatric symptoms, but as a way of interacting with their world based on trauma/stress they experienced.

The work of Dr. Nadine Burke set off a series of events where professionals began to realize that trauma and stress create not only biological illness, but also created maladaptive mental and emotional responses. These maladaptive responses are easily and frequently observable in children in the academic setting.

Historically, the response has been to punish rather than to understand; to ask “why did you do that?” rather than “what happened to you that you reacted in this way?”

Our first charge is to define the word “trauma”. One definition of individual trauma is “an event, series of events, or set of circumstances which is potentially physically or emotionally harmful or life-threatening and has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being”⁴. The National Center for Child Traumatic Stress defined trauma as “exposure to or experience of an event or series of events that are frightening or threatening and have lasting effects which are overwhelming and challenge one’s ability to cope”⁵. From these definitions we can pull key words out that help to deepen our understanding of how trauma affects us and the children that we work with each day. Imagine the child who feels, harmed, threatened, overwhelmed, frightened, and unable to cope. Children who feel this way

struggle to concentrate on a spelling lesson or attend to math facts.

It is important to recognize that 2/3 of children report at least one traumatic event by the age of 16⁶. The national average of child abuse and neglect victims in 2013 was 679,000, or 9.1 victims per 1,000 children⁷. In addition, 50% of U.S. families have been affected by a disaster⁸. Based on these statistics, several children in every classroom have been or continue to be traumatized. As educators, our charges are to care for the children, to educate them, but also to assist them in growing into successful and productive adults. To do this, we need to determine their level of functioning and provide an optimal learning environment. Therefore, a trauma informed and/or trauma sensitive approach is imperative to ensure that despite what traumatic events that have occurred in a child’s life, the school can be a place of healing and learning and not re-traumatization.

In order to be trauma informed/sensitive, we need to be aware of the three types of traumas that children experience. They are:

1. **Acute Trauma** - A single event (i.e., physical or sexual assault)
2. **Chronic Trauma** - multiple and varied events (i.e., domestic violence, community violence)
3. **Complex Trauma** - multiple interpersonal traumatic events from a young age (i.e., physical abuse, sexual abuse from a young age).

In addition, we look at the three E's of trauma. The **event**, the **experience** and the **effect** of the trauma. These create the lens through which the traumatized person sees the world. Every person experiences trauma individually even when the event involves multiple people. We can't assume that we know the experience of another even if we have experienced a similar event. As effective caregivers, we need to be aware of our own traumas and their impacts on us. I encourage everyone working with children to complete the ACE and know your ACE

score. The old adage applies: we cannot help others until we help ourselves. If we are not aware of and care for our own traumas, we are unable to help the traumatized children who present to us and remind us of our own unresolved traumas. Answering yes to items on the ACE Scale doesn't indicate that there is something wrong with you, it just described what you have experienced. The following chart indicates the frequency of certain items on the ACE Scale⁹:

Substance Abuse	27%	Psychological Abuse	11%
Parent Divorce/Separation	23%	Physical Abuse	28%
Mental Illness	17%	Sexual Abuse	21%
Battered mother	13%	Emotional Neglect	15%
Criminal behavior	6%	Physical Neglect	10%

When you look at these numbers remember that these are only reported incidents; many more go unreported. As adults, we tend to minimize and compartmentalize our traumas, setting us up to reexperience those traumatic events we have experienced in our childhood.

So how does all this information help us? Our ACE score indicates how much

trauma affects the individual. Trauma shows up in our body at a biological level and causes changes in our physical bodies, our emotional responses, behavioral responses, how we interact interpersonally, and how we view the world. The following chart indicates these changes on various levels.

We know that children who have experienced trauma believe that they do not belong in the world. An account of a child who lives in that traumatic space.

"I remember crying in the night. I found it difficult to hear Mrs. Patterson when she spoke in the classroom. I felt as if she were speaking from beneath tumbling water. Or from the end of a long tunnel. She assumed I was daydreaming. I stopped imagining that I might



Response to Trauma	Evidenced by
Biological	Structural brain changes, smaller corpus colossi, smaller intercranial volume, changes in physiology, lower IQ cortical atrophy
Emotional	Fear, sadness, depressive symptoms, anger, dysregulation, anxiety, negative self-image
Behavioral	Avoidance, self-injury, avoidance of healthy age-appropriate peer interactions, over-functioning, tantrums/rage, model inappropriate behaviors from abusive adults in their lives, somatic complaints
Interpersonal	Withdrawal from peers, difficulty enjoying activities, difficulty establishing relationship, affiliate with high-risk peers, loss of ability to trust others
Cognitive	Inaccurate cognitions, irrational cognitions, loss of faith, difficulty concentrating, focusing, and being organized as well as loss of memory
Perception of world	Don't belong, loss of hope, view of good/bad, can't see opportunity, world is scary, unpredictable and not helpful

one day be a teacher... No longer did my imagination dance me through the leaves. The sound of ringing church bells irritated me. Mostly I felt ashamed, different.”¹²

If this is the child who is presenting in front of me, we can see by their own account that they can't concentrate, focus, they feel disconnected, they feel ashamed, different and above all there is the pervasive loss of hope that there are any possibilities for them. This is the child that is unable to reach out to us but so desperately needs us to reach out to them.

So how do we help? We help these children by approaching them through a trauma

informed/trauma sensitive lens. To do this we need to **Realize** the widespread impact of trauma and understand potential paths for recovery; **Reorganize** the signs and symptoms of trauma on students, families, staff and others involved in the system. Lastly, we respond by fully integrating our knowledge about trauma into policies, procedures and practices in order to actively **resist re-traumatizing** any of our stakeholders. Hence the three R's of trauma informed/trauma sensitive approaches⁴.

In accordance with the three R's, there are six principles that guide our practice of trauma informed approaches. These

principles involve: creation of safety both emotionally and physically; operating in a trustworthy and transparent manner; including peer support, promoting collaboration and mutuality; empowerment of stakeholders by valuing voice and choice; and being considerate of cultures, race, history and gender⁴. The chart below shows specific activities/considerations we can incorporate into our classroom that will promote each of these principles¹⁵.

The key is to shift from an authoritative, punitive, “leave it to the counselor” approach to an approach that is strengths-based, provides opportunity for choice and control and that has shared responsibility by all stakeholders. We need to understand that if children are going to be successful, we need to address them from a holistic, trauma-informed perspective. Children who have experienced traumatic events may have behavioral and/or academic problems or there suffering may not be apparent at all

but we need to be curious about where our children come from if we are going to help them move forward in a positive direction. Likewise, adults who have experienced trauma may not fully understand how our reactions and traumatic responses may affect the children we work with. I encourage all stakeholders including: students, parents, teachers, staff as well as community members share and support each other in trauma work. It is important that we do not react to the behaviors of others, but become curious about what has happened to them in their past. The question is not “Why do you do what you do?” but “What happened to you that causes this reaction?”

Individuals interested in learning more about trauma and how to interface in a more successful manner are encouraged to pursue additional training in this topic. Resources are included at the end of this article. ■

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Principle	Interventions
Safety	Arranging classrooms differently, limiting distractions, having sufficient staff, establish routines, clear directions, prepare students for changes, create safe classrooms for staff and students.
Trustworthiness & Transparency	Stakeholder decision making. Clarity about how decisions are being made, display and review schedules, communicate expectations, staff/student exploration of problems, active listening, consequence delivery appropriate to behavior, restorative conversations and strategies, have a safe place for the child to talk to you.
Peer Support	Awareness of our own traumas, effective interactions with others, helping students understand how their behavior affects others, discourage bullying, modeling respectful behaviors, recognize that behavior may be transient and related to trauma.
Collaboration & Mutuality	Highlighting student strengths and interests, providing opportunities to participate, flexible behavior management, staff self-care
Empowerment Voice & Choice	Multiple mode learning, skill development, positive self-identity, choice making, shared decision making, shared goal setting.
Cultural Considerations	Consider racial/ethnic makeup, environmental exemplars, Instruction containing those exemplars, culturally sensitive learning activities, student engagement activities, culturally sensitive classroom management techniques.

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Youth Mental Health: Nothing Less Than a Crisis

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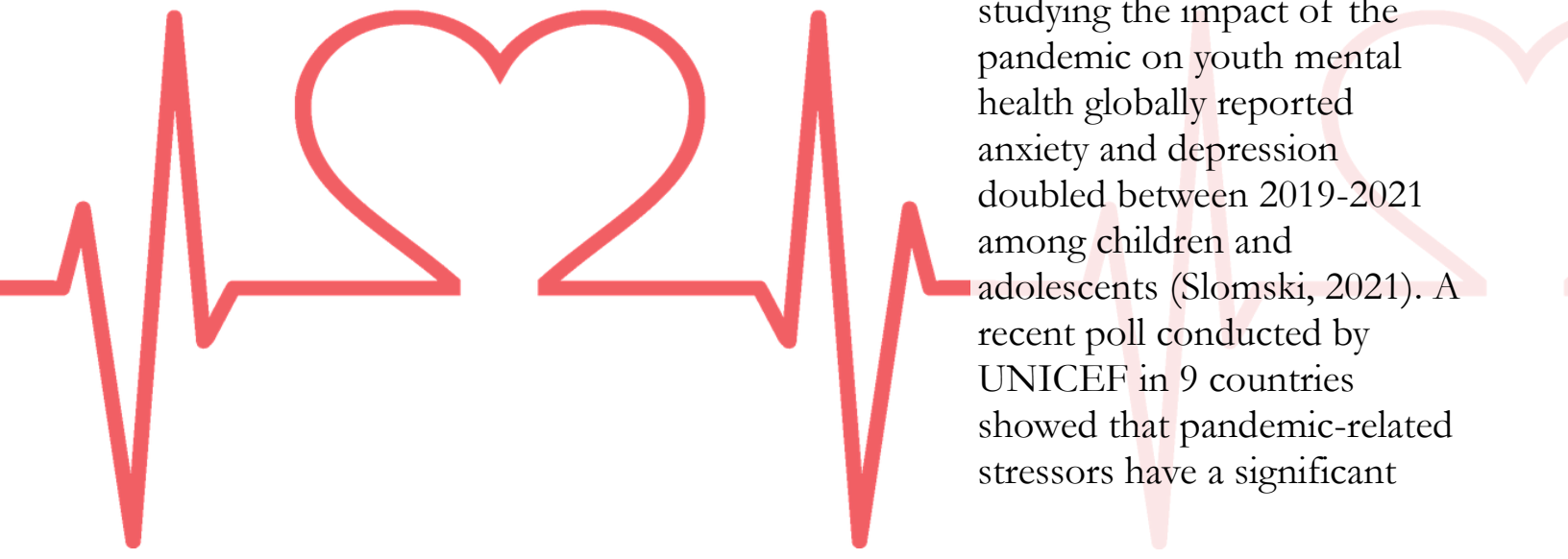
There is a crisis in child and adolescent mental health that is inextricably tied to COVID-related stressors and the ongoing struggle for structural societal change that has resulted in recent social unrest. Even before the pandemic, rates of mental health challenges in youth had been steeply increasing, causing mental health to be the leading cause of disability and the significant predictor of quality in life in children and adolescents. One in five youth met the diagnostic criteria for a mental

health disorder and one in three experienced life-altering mental health struggles (Mental Health America, 2020). From 2009 to 2019, reported suicide attempts by adolescents in New York rose 33%, making suicide the second-leading cause of death for youth aged 15-19 and the third-leading cause among 9-14 year-olds (CDC, 2019). The pandemic has taken a significant psychological toll on youth mental health. Hospitals are treating more youth in crisis. Rates of youth mental health concerns in the past three years have worsened significantly. Emergency room visits for suicide attempts increased dramatically to 31% of adolescents in 2020, compared with 2019. In 2021, emergency room visits for suicide attempts among adolescent girls aged 12-17 spiraled to 51%, and rose 24% for children ages 5-11 (Krass et al, 2021).

Mental Health Impact

The psychological toll of the COVID pandemic stressors on youth has been significant. Most youth have experienced pandemic norm-related losses that include a disruption to their sense of normalcy, routine, social restrictions, closures, family health and financial stressors. Researchers

studying the impact of the pandemic on youth mental health globally reported anxiety and depression doubled between 2019-2021 among children and adolescents (Slomski, 2021). A recent poll conducted by UNICEF in 9 countries showed that pandemic-related stressors have a significant



impact on youth mental health. A most concerning finding from this poll of over 8,000 youth is that 73% have felt the need to ask for help concerning their physical and mental well-being, but 40% did not seek the help they needed. Recent research illuminates the relationship between mental health and loneliness/social isolation in youth, and cautioned that pandemic social distancing measures may be especially harmful to the development of youth (Loades et al, 2020). The American Psychiatric Association conducted a poll before the end of the school year in 2020. Findings indicate that 48% of parents said the pandemic contributed to mental health problems for at least one of their children. About half of surveyed parents said their child had some care from a mental health professional, and 26% said the mental health care was specifically due to the pandemic (Singh, 2020).

A Call to Action

With the increased need for mental health treatment, hospitals face staffing shortages and are at capacity for admissions. Youth admitted to hospitals with mental health presentations are too sick to send home and have more acute needs that require longer stays for treatment. The shortage of mental health services in the community has been an on-going concern, magnified by the COVID pandemic. Mental health clinicians in the communities are having difficulty keeping up with and meeting the demand. It is common in New York to see increased wait times, which can exceed six months for therapy, medication management and evaluation appointments

(Kramer, 2021). To highlight the urgent need to address the nation's youth mental health quandary, The American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a national state of emergency in child and adolescent mental health in October, 2020. These medical associations called on policymakers to help address the crisis by increasing access to mental health services through federal funding and supporting school-based mental health care.

In response to the call to action from the nation's medical associations, the White House issued a statement of support, pledging funding to improve access to mental health care for the nations' youth, and eliminating barriers that exist especially for young people of color, Indigenous youth, and LGBTQ+ youth. Key priorities identified were developing the resources to prioritize the integration of mental health services into settings where youth and their families can access them (White House, 10-19-21). The same day that the White House released their statement, the U.S. Department of Education released resources through the \$122 billion in pandemic relief funding for mental health, social and emotional support of our nation's youth.

In December 2020, the U.S. Surgeon General issued an advisory, a public statement calling attention to the urgent mental health emergency in American's youth (USDHHS, 2021). This statement outlines the pandemic's unprecedented impact on the mental health of youth and

families, especially those groups who were vulnerable to begin with, who have been disproportionately impacted by the pandemic, resulting in the widening of disparities.

School Communities

The World Health Organization defines mental health as “a state of well-being in which every individual realizes ‘their’ own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to ‘their’ community.” Central to this state of well-being is the school supporting the positive development of students during this challenging time, beyond simply making sure students learn from lesson plans and score well on standardized tests. School counselors lead the way to ensure that students have the support and resources they need to address their mental, emotional, and behavioral health needs in the wake of this lingering pandemic. School counseling expert Bonnie Rubenstein, EdD, professor and chair of counseling and human development at the University of Rochester’s Warner School of Education says students need to feel that they have a voice, are supported and safe in their school. Her recommendations in supporting students include:

Establish a routine.

Daily routines and structure are important to help students feel safe and secure. Knowing what to expect is comforting.

Create a safe space.

Stress safety—students cannot learn if

they do not feel safe. A safe and supportive school environment is a must for students and educators alike.

Focus on well-being.

Use different skills to ensure students’ emotional well-being. Similarly, focus on the mental health and well-being of the adults who work with children. For school leaders, implement wellness training for staff and support and encourage everyone—the teachers, counselors, social workers and administrators. Addressing the mental health of school personnel will directly impact students. Examples include mindfulness activities, breathing exercises, meditation and relaxation exercises, self-regulation activities and physical activity.

Provide opportunities for healing and repair.

Implement a school-wide approach of trauma-informed learning. This approach helps teachers to better understand the developmental, emotional and social challenges that students face. For example, teachers can focus on restorative practices and relationship building through peace circles, peer support groups, peer mediation and group counseling.

Encourage student voice and agency.

Provide opportunities for students to have agency and voice. Student voice into what is happening will go a long way in improving school culture and climate.

Model good coping behaviors—be honest, encouraging and calm.

It is important to be encouraging and honest and to demonstrate a positive attitude with students. Stay calm—children and adolescents pick up on the underlying fear of adults.

Listen to children’s concerns.

Above all, be a good listener. Students need to be able to share their feelings. Be fully present when students are expressing their fears and issues of grief and loss. Be aware of symptoms of anxiety and depression. Provide targeted interventions for students experiencing symptoms

Increase family support.

Increase supports to families—which, in turn, will impact the health and well-being of students. Implement family-school-community collaborations and partnerships

to support engagement and student success.

The impact of the pandemic has been wide-reaching. All students need some levels of support. As schools struggle to make-up for the learning loss, they are overwhelmed by everything they need to accomplish. Schools that focus on re-creating a school community that is compassionate, trauma and grief-sensitive can be successful. U.S. Secretary of Education Miguel Cardona (2021), said in a statement "Amid the pandemic, we know that our students have experienced so much. We can't unlock students' potential unless we also address the needs they bring with them to the classroom each day. As educators, it's our responsibility to ensure that we are helping to provide students with a strong social and emotional foundation so that they also can excel academically." ■

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